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DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

EDITORIALS†

ON PUBLIC RELATIONS AND GOOD WILL

The Institution of "Committees on Public Relations."—During the last twenty-five years, an increasing number of state medical associations and their component county units, through by-law authority, have brought into being "committees on public relations."

Why?

The answer is found in the medical profession's gradual recognition of the importance of having scientific medicine represented by constituted groups, upon whose members may devolve the responsibility of maintaining, with an inquiring public, adequate and proper relations on matters of mutual concern.

* * *

Medicine Must Adapt Itself to a Rapidly Changing World.—During the last one or two decades, physicians throughout the land have begun to appreciate more and more that the industrial and somewhat collectivist period in which the world now lives has developed everywhere a change of mental attitude toward the medical profession. It may be true that this change, reflected in the relations which have always existed between individual patients and their respective personal physicians, to some may not at once seem so evident, but certainly a difference in feeling toward physicians, as a group, has become more than noticeable. Equally true it is that these distressing changes of thought and spirit are interlocked with economic, social welfare and other factors, over which the medical profession has little control.

When this spirit of doubt concerning the organized medical profession, which exists in the minds of a multitude of citizens, is analyzed, it is observable that with many laymen the distrust to which reference has been made has progressed into a phase of passive or active criticism, and in some cases even to marked antagonism toward the profession.

Fortunately, the medical profession has been able to comfort itself with the thought that these adverse elements have arisen, in good part, from a misunderstanding or lack of information concerning the mission and unselfish services that always—and today as much as in the past—have been rendered by physicians, not only in general public health activities, but through personal service

† Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

to a very large number of citizens having insufficient means, and the care of whose physical and mental ills has always been generously and unostentatiously assumed by physicians as part of their life calling.

* * *

Defensive Must Give Way to Offensive Methods.—However, today such good deeds are not enough to prevent onslaughts against scientific and organized medicine. Public health and altruistic service to the poor, in one sense, may be classed only as defense measures against the antagonists of the medical profession. What is needed is something more, namely, procedures for offense against the forces which, maliciously or otherwise, would tear down the system of medical practice, in order to try out plans that must assuredly lead only to a less devoted allegiance to the protection of the public health, and a poorer quality of medical service.

Moreover, such theoretical plans, once governmentally adopted, would be more than apt to make impossible the restoration of our present system; a system in which opportunity is given to every physician to produce his very best for the public health in the advancement of personal medical service.

* * *

Unbeliefs of Certain Propagandists.—Let it not be forgotten that some of the self-anointed lay reformers of medical practice are so obsessed with their ideas and exploitations that they seem altogether unable to comprehend that something must be at fault in their reasoning when they would tear down existing systems of practice that have given to these United States the lowest morbidity and mortality records of any civilized nation of the world. Many of these theorists and propagandists are also reluctant to acknowledge that, in America, the existing system of medical service is in harmony not only with the traditions of our land, but also with the well-considered conclusions and opinions of the great majority of physicians who are now in practice.

Owing to the extensive propaganda that has been carried on in the press and on lecture platforms against American Medicine, a situation has arisen in which the medical profession is confronted, not with a theory, but a fact, namely, that a changed and unfavorable reaction toward the medical profession as a whole has been created during recent years among many otherwise intelligent citizens who under former conditions, would have been friends and helpful proponents.

* * *

How May Existing Conditions Be Remedied? The question to be answered, then, is the determination of what are the best ways and means that will bring about a change in the thought and action of citizens whose kindly understanding of the medical profession has been alienated through the activities of well-meaning or other types of propagandists?

* * *

"Committees of Public Relations" Should Be "Committees of Good Will."—It is just here that Committees on Public Relations can be of great value to public health and medical profession interests. For a "Committee on Public Relations" that does its work well is, in one and a real sense, nothing else than a "Committee on Good Will."

It may be quite true that many physicians feel that the merit of their altruistic and other services should make unnecessary any resort to measures that partake of the nature of organized effort to bring about, among all citizens, a clearer understanding and good will toward the medical profession. Nevertheless, when existing conditions are frankly studied, it must be apparent that the existence of good will is a necessary foundation element if scientific medicine and medical practice are to be maintained and developed as in the past, namely, through tried evolutionary methods rather than untried revolutionary theories.

* * *

Observations Concerning a Meeting Recently Attended.—The meaning and value to a business, of proper understanding by the public, was thrust upon us the other evening at a meeting of the Pacific Railway Club, to which the editor had been invited. The four speakers were the representatives of the public relations departments of the American Association of Railways, the Santa Fe, the Union Pacific and Southern Pacific Railway Companies, organizations representing investments of millions and millions of dollars. In the early years of their development, it may be truthfully said that their executives probably paid little or no attention to maintaining cordial relations with the public; certainly not along the lines under which their committees on public relations of the present period so ably function.

It was illuminating to hear these four key men of their respective organizations, in their addresses, always come back to the basic proposition: that every employee, no matter how humble his position, was construed to be a real factor in promoting the interests and further development of his particular company; and that the success of each railway rested upon the composite influence produced by all the employees upon the public as a whole; and particularly among those groups with whom they had business or other contacts.

* * *

Application to the Profession of Medicine.—That thought transposed, therefore, when made to apply to the medical profession, could then be stated in somewhat the following terms:

1. The place occupied by the medical profession in the public mind is largely that which is made by individual physicians as they work with the groups of citizens who come to them as patients.

2. The reaction of the individual citizen toward the medical profession, as a whole, will depend in good part upon the relations which that particular citizen has had with individual members of the medical profession, both professionally and otherwise.

3. A favorable opinion by the public concerning organized medicine must have as a basis a clear understanding by the public, that the objectives of the medical profession always center around the highest quality of personal medical service, and

the promotion of public health interests, through procedures mutually acceptable.

Or, to put it otherwise, individual citizens primarily judge the medical profession by the kind of service and consideration they receive from individual physicians. However, the composite thinking and conclusions of the public at large, while based largely and mostly upon the above, are also dependent upon, and in no small measure, on how the constituted exponents of organized medicine conduct themselves in relation to public interests, in so far as the conservation of health and life are concerned.

* * *

In Conclusion.—The thought may be suggested that governmental supervision or domination of medical practice will not work for the advancement of scientific medicine. Also, that scientific medicine in the existing world is greatly dependent for the protection of its interests and progress upon organized medicine.

The task, then, of organized medicine is to convince the public that the objectives of scientific and organized medicine, as they now exist—with evolutionary modifications from within, as may be needed from time to time—are designed to and do promote, better than through other suggested systems, the conservation of public and personal health.

Also, that in these endeavors, in order to safeguard the existing system of medical practice, every physician has a real place; his individual services becoming a part of the record of achievement that will make it possible for medical committees on public relations (good will) to properly function as promoters of scientific medicine and the conservation of the public health. Wherefore, again to emphasize the importance of the rôle of the individual physician in his relations to the public, these comments are submitted.

FALL AND WINTER POSTGRADUATE CONFERENCES IN CALIFORNIA

Value of Graduate and Clinical Conferences. Medical men and women are almost a unit in their approval of the value and desirability of graduate refresher courses, no matter by what name such courses may be designated (postgraduate or intermittent courses, clinical conferences, refresher meetings, or graduate assemblies). The unanimity of opinion concerning the commendable objectives is not supported, however, by equally unanimous effort in promoting the success of courses that are offered. Experience in many states and communities has demonstrated, and on many occasions, that in order to make a graduate or clinical conference measure up in proper results, the whole-hearted support of one or more committeemen is needed; not only in planning the course, but in constantly being on the job until the program is carried through to successful completion. A major problem, therefore, which state postgraduate committees are called upon to solve, is to find and secure the appointment of a local committee, whose members will complete, in efficient manner, program arrangements that may have been made for their district.

* * *

Postgraduate Committees: Careful Selection Necessary.—Officers of county medical societies bear a large share of the responsibility in this matter since it is they who usually appoint members of a postgraduate committee. If a local committee is not well selected, the following results may soon become evident: (1) money expended is wasted, at least in part; (2) guest speakers and demonstrations have been robbed of time that busy men can put to better advantage; and (3) physicians living in the community in which a conference is scheduled, and who disarrange their office hours to permit attendance, likewise are losers when a postgraduate or clinical conference has been poorly managed.

With this foreword on some of the difficulties met with in the promotion of graduate meetings, appeal may be made to the program committee of every component county unit of the California Medical Association to give serious thought to plans for a clinical or refresher course conference, to be held at some convenient time during the next several months.

* * *

Factors to Be Considered.—State medical associations sponsoring postgraduate assemblies have been most successful when working along lines that are in harmony with local facilities and needs. The local committee must decide, therefore, what city or place of the district is the best center, in relation to geographical territory to be covered, and to transportation, institutional, and other conditions.

Next comes decision on the scientific topics that will probably have greatest value and appeal to the physicians expected to participate in the clinics. Connected therewith, naturally, is the problem of securing an adequate amount of clinical material.

Then it must be determined who shall be the guest speakers, and consideration must be given to their reputations, not only regarding their knowledge of subjects to be discussed, but also their ability to make such discussions both interesting and of the most practical value. The problems of furnishing transportation, with its attendant cost and the attendance time of such special speakers, and provision for other hospitality, must also not be forgotten.

Finally, the days and hours on which conference or sessions are to be held should be settled. Concerning these items, it should be stated that, by and large, more men may find it possible to attend on Saturday afternoons (say between 4 and 6 o'clock in the afternoon), with a follow-up or after-dinner meeting between 8 and 10. In a two-day conference, the Sunday morning meeting can be arranged to run from 9 o'clock until noon, leaving the afternoon free for fraternal or social programs. However, during the open seasons for hunting ducks and other game in California, other days may be preferred.

In the near future, postgraduate committees will receive further information from the Association Secretary, who also functions as the secretary of

the Committee on Postgraduate Activities. Component county societies that have not appointed postgraduate committees for the current year are now requested to do so.

ON VARIOUS TOPICS

Indictments Against Officers of the American Medical Association: Washington Trial Indefinitely Postponed.—At the time this is written, information has been received that the trial of the case of the *United States* vs. *American Medical Association,* recently reopened at the instance of the attorneys for the Federal Government, before one of the District of Columbia courts, has been indefinitely postponed.

This news is as gratifying to physicians as was regrettable the initial announcement of the action by the Government, through which officers of the American Medical Association, District of Columbia Medical Society, and members of county societies in other States were charged with a violation of the 1891 Sherman Antitrust Act.

Just when, if ever, the case now will be brought to trial is not known. The action of the Government in deciding not to proceed with the case at this time will assure greater success for the American Medical Association in its efforts to promote medical preparedness. Those plans can now be prosecuted with that vigor and success so much needed if the United States is to be adequately made ready in medical matters—in case certain emergencies arise.

It may not be amiss to reprint here for record, and for perusal by Association members who did not see the article in *The Journal of the American Medical Association* (for June 19), the opening editorial comment in that number where, under the caption "Important Announcement," the following statement appeared:

> At this time *The Journal* is compelled to inform its readers that the work of the American Medical Association as a body, including its contribution in aid of the national defense, must suffer serious interference during the next two or three months. The Secretary and General Manager of the American Medical Association, the Editor of its publications, the Secretary of its Council on Medical Education and Hospitals, and the Director of its Bureau of Medical Economics must be absent from the headquarters office during those months, since they are required to attend, as defendants, their trial in the United States District Court for the District of Columbia on the indictment there returned against them and against the American Medical Association, the Medical Society of the District of Columbia, the Washington Academy of Surgery, the Harris County (Texas) Medical Society and fifteen prominent physicians in Washington, D. C. The indictment charges all defendants with having conspired to violate Section 3 of the Sherman Antitrust Act. The Association respectfully asks the indulgence of the medical profession and the public throughout the United States for any deficiencies which may result from this unavoidable and unfortunate condition.
>
> When the American Medical Association was requested to assist in the national emergency now confronting this country, its House of Delegates voted unanimously and without dissent to give whole-hearted coöperation and support. The officers, the headquarters office, the Committee on Medical Preparedness, the state chairmen and numerous other physicians have been and are now engaged intensively in that service, and they expect to continue therein. In advising physicians and the public of this apparent discouragement in the essential work that it has undertaken to perform, the Association desires to say that it will do its utmost to overcome all obstacles to medical preparedness. We assure the medical profession that it will never be said, either in criticism or in comment, that the Association failed its country in any hour of need, no matter what obstacle might arise to interfere with the otherwise expeditious and efficient service that this country deserves in this critical hour.
>
> *The Journal* has indicated repeatedly the difficulties associated with medical mobilization and the nature of the work now being carried on to provide all the various arms of the government with physicians. Even though this work will be seriously hampered by absence from the headquarters office of some of the key men who have been charged with this duty, every possible method will be utilized to carry on the work as expeditiously as can be done. Plans are also being developed for the handling of correspondence, finance, personnel and all the other multitudinous affairs associated with the work of this great organization to the best extent of which the organization is capable, so that the medical world and the public may not suffer by this serious interference with the provision of medical service and the dissemination of knowledge of medical advancement.

* * *

On Medical Preparedness.—In this issue of CALIFORNIA AND WESTERN MEDICINE considerable space is given to the subject of medical preparedness, the special attention of members of the California Medical Association being called to the following items:

1. *Importance of Returning Questionnaire Blanks to the American Medical Association Headquarters in Chicago.*—At the joint meeting of the national committee and state chairmen of the Committees on Medical Preparedness, held in Chicago on September 20, the California representatives (Dr. Charles A. Dukes of the national committee and Dr. Philip K. Gilman, chairman of the California committee) were informed that only 54 per cent of the licensed physicians of California had returned the questionnaires originally sent to them from Chicago.

Recently, lists of those physicians whose questionnaires were not on file in that city have been received at the central office of the California Medical Association. Questionnaire blanks will be forwarded from San Francisco to the physicians who did not reply to the first request, and it is to be hoped that the blanks will be filled in and promptly mailed to the headquarters of the American Medical Association, at 535 North Dearborn Street, Chicago. The lists reveal the fact that about 2,500 members of the California Medical Association failed to transmit the information requested. In addition, some 3,500 physicians who are not members of the State Medical Association, likewise failed to remail their blanks.

The American Medical Association has taken on this work as one of its contributions to national defense, the definite purpose being to make it possible for the medical corps of the United States Army and Navy, and of the Public Health Service to have available, on short notice, essential information concerning the training and qualifications of every physician who is now in practice in the United States.

Physicians who fail to send in their blanks may later find themselves the victims of embarrassing circumstances, should unwelcome assignments be received from Washington.

All physicians who have not returned their replies are urged to do so when the follow-up blanks are received. To insure a prompt response for the questionnaires, the coöperation of key-men in the county societies, and of members of the Woman's Auxiliaries has been enlisted. The California Committee on Medical Preparedness urges the fullest coöperation in this important work.

2. *Lists of Medical Examiners for Selective Service.*—For the convenience of members, a list of California physicians who are attached to the various selective service boards is given in this issue (on page 224). Readers are requested to call attention to any errors or omissions. The list was received from the office of the Adjutant-General of California, and is of October 20, 1940, date.

3. *Instructions to Medical Examiners.*—Also, for reference convenience of physicians who have accepted places as medical examiners, CALIFORNIA AND WESTERN MEDICINE prints a "Bulletin of Information," issued by the military authorities, concerning the examinations of draftees. It may be desirable, therefore, to mark and lay aside this issue for possible future use (see page 229).

4. *Other Information.*—Other items in connection with medical preparedness are also presented. Members who have heretofore given only casual attention to the progress being made in medical preparedness may find some of the information of considerable interest.

It may not be out of place to add that Doctors Charles A. Dukes and Philip K. Gilman report that excellent understanding and full coöperation have been had with both federal and state authorities, whom they have found it necessary to consult while engaged in carrying into execution for California, adequate plans on medical preparedness.

* * *

Annual Session, Del Monte, May 5-8, 1941.—Members are again reminded that the annual session of the year 1941 will be held in Hotel Del Monte, Monday, May 5, to Thursday, May 8, inclusive. The usual study groups (radiology, clinical pathology, heart symposia, and others) will hold conferences on Sunday, May 4. The April issue of the OFFICIAL JOURNAL will present the preliminary program announcements.

As stated in former issues, the four morning programs will be given over to general sessions to be held in the large auditorium: (on Monday, organization topics; on Tuesday, medical papers and clinical-pathologic conference; on Wednesday, surgical subjects; and on Thursday, current advances in medicine, surgery, and the specialties). Also, during the morning hours, medical and surgical films will be displayed in one of the larger assembly rooms. The four afternoons will be allocated to the twelve scientific sections—medicine, surgery, and the specialties. The plan in vogue in former years, of keeping Tuesday afternoon free for entertainment has been discontinued, thus permitting specialty groups to hold their meetings in day-to-day sequences.

Any member of the Association who has in mind the presentation of a paper should promptly write to the secretary of the Section before which the paper would be read (the roster of section officers appears in every issue of CALIFORNIA AND WESTERN MEDICINE, on advertising page 6). Correspondence concerning films and scientific exhibits should be taken up with the Association Secretary, who also functions as chairman of the Committee on Scientific Work. Prizes and certificates of merit will be awarded for outstanding scientific exhibits.

Communications concerning hotel accommodations and reservations should be addressed to Hotel Del Monte, Del Monte, California.

* * *

On Coöperation of California Medical Association with State of California Departments.—One of the objectives of organized medicine is the promotion of kindly relations between groups of doctors on the one hand, and, on the other, with divisions or bureaus of the State of California that may have responsibilities in the care of sick citizens, or in the conservation of the public health. This is easily understood, because physicians, as representatives of scientific medicine, are interested in all activities that make for the prevention of sickness and prolongation of life.

Recently, officers of the State Association, and in particular its chairman, Dr. Philip K. Gilman, have had a number of informal conferences with certain groups in which matters of public health and welfare were frankly discussed, and resulting therefrom plans have been suggested whereby some of the problems which constantly confront certain departments of the State and its constituent counties may be solved to somewhat better advantage in the future. Mention may be made of:

1. A proposal to allot a place on the program of the first general meeting of the May 5-8, 1941, annual session to representatives of the California State Board of Public Health for presentation of matters of mutual interest.

2. A plan for what is hoped will result in an harmonious settlement of certain child welfare activities and complications that have gradually developed in one of the San Francisco Bay counties; and

3. A recent conference with representatives of the State Relief Administration of California, in which plans were considered for closer coöperation in the care of citizens on relief, with the possibility of ultimate adjustments that may be of considerable scope and importance.

All this, as it should be, is in line with modern-day policies. It is not out of place to remember that what the State Medical Association is doing in relation to problems affecting the commonwealth, could well be patterned after by those county medical societies whose members are trying to meet and solve analogous problems in their respective districts. It should not be forgotten that every individual and group with whom a physician or a medical society has cordial contacts makes for better understanding and friendships—a condition very much needed if the medical profession is to be victorious in some of the battles still ahead.

* * *

Readjustment of Administrative Duties in the Central Office.—During the last half-dozen years the Council has appointed several special

committees to bring in reports on ways and means, whereby the facilities of the Association's Central Office might be maintained in a state of maximum efficiency. During this period the rapid increase in membership, and a mass of unforeseen but very important work, in which basic policies of the Association, extensive survey studies, and the expenditure of large portions of the Association's reserve funds were frequently involved, threw upon the Central Office much extra work. The Council, the Executive Committee, the Special Committees, and the Association Secretary were all called upon to assume new responsibilities and give much additional time, thought and effort to bring about a solution of the various problems, as these came to the front one after the other and all in somewhat rapid succession. Examples of such unforeseen lines of special endeavor could include: the Alameda Plan, proposed at the Riverside annual session of 1934; the proposed statutes presented to the California Legislature and drafted to apply to medical service and nonprofit hospitalization plans; the California Medical Economic Survey; the activities to be carried on through the special assessment of July 1, 1939; the compulsory health legislation espoused by the present State Administration; and last, but not least, California Physicians' Service. Each of these projects and others of similar nature meant that a heavy load of extra duties was thrust upon the routine of the Central Office and Association Secretary, not infrequently disarranging the regular work for longer or shorter periods.

At Coronado, in May last, in response to resolutions adopted by the House of Delegates, the Council again took up the matter and appointed a special committee, consisting of Council Chairman Philip K. Gilman of San Francisco, President Harry H. Wilson of Los Angeles, and President-Elect Henry S. Rogers of Petaluma, to work out the details of arrangements that had been discussed. The report of the Special Committee, which was approved by the Executive Committee and by the Council, appears in this issue, and it is hoped that members will take the time to scan it.

In the meantime, the attention of the officers and members of the component county medical societies is called to the appointment of an additional administrative officer, Mr. John Hunton, who henceforth will act as the executive secretary of the California Medical Association, and whose name will soon become familiar through communications going forward from the headquarters office. Members are requested to give him all possible coöperation in the performance of his duties. Further information on this subject may be gleaned from the report of the special committee, which will be found in this issue, on page 219.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 219.

EDITORIAL COMMENT†

"BINOMIAL" THEORY OF TYPHOID FEVER

According to experimental data recently reported by Magrassi and Galli[1] of the Institute for General Clinical Medicine, Rome, Italy, typhoid fever is not a simple bacterial infection. Their evidence suggests that the essential etiologic factor is an ultravirus growing in adherent symbiosis with the nonpathogenic typhoid bacillus. There is also evidence that this hypothetical virus is also capable of "activating" the normal intestinal flora and thus serving as a symbiotic etiologic factor for numerous nontyphoid intestinal infections.

That many infectious diseases are of complex or "binomial" etiology has been adequately demonstrated during the last decade. Swine influenza, for example, has been convincingly shown to be due to the synergic or concurrent action of a subpathogenic filterable virus and the relatively nonpathogenic swine influenza bacillus. The possibility that typhoid fever is of similar synergic etiology was suggested to the Italian clinicians by their study of the dissociable virulence factor ("Vi-antigen") from the typhoid bacillus. Freshly isolated, fully virulent typhoid bacilli are relatively rich in this so-called "Vi-antigen," which factor, however, is readily dissociated from the bacilli. A mere suspension of the bacilli in physiologic salt solution is sufficient to set free most of this adherent capsular colloid. The analogy between this dissociable capsular virulence and bacteriophage suggested that the Vi-antigen might be a filterable virus.

To test this concept filtrates from partially autolysed virulent typhoid bacilli were injected intravenously, intraperitoneally or intracerebrally into young rabbits (circa 1,500 grams). Immediate toxic symptoms were noted after massive intraperitoneal injections. With relatively small doses of Vi-antigen factors injected intracerebrally, however, there was usually a latent period of from three to ten days before the appearance of demonstrable symptoms. Increasing muscular weakness with diarrhea and a rapid loss of weight were then noted. Two-thirds of their cases ended fatally by the fifteenth to the fortieth day. On autopsy the brain, spleen, liver, and heart blood were usually found to be bacteriologically sterile.

Ten per cent aqueous emulsions were made from these autopsied organs, cellular detritis and possible bacterial contaminants being removed by centrifugation and porcelain filtration. The filtrates would reproduce the emaciating diarrheal disease in all of its original severity, if injected intracerebrally into young rabbits. By this technique the filtrate infection has been propagated for six consecutive generations without demonstrable loss of

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

[1] Magrassi, F., and Galli, F.: Boll. R. Acad. Med. di Roma, 64:7, 1938; Arch. ges. Virusforsch., 1:325 (Feb.), 1940.

virulence. In one such series, for example, sixteen (80 per cent) out of twenty rabbits injected with the initial filtrate died of emaciating diarrhea. In the fifth passage of this series, six (75 per cent) fatalities occurred in eight injections.

Rabbits recovering from the passage virus were tested serologically, 75 per cent of them showing relatively high titer typhoid agglutinins, while 25 per cent gave negative Widal reactions.

From experimental evidence of this type, Magrassi and Galli conclude that typhoid fever must be regarded as a synergic disease, the etiologic factor being the nonpathogenic typhoid bacillus in adherent symbiosis with a typhoid virus (Vi-antigen). Dissociated from the bacillus, the virus is able to produce nontyphoid enterocolitis by "activating" *B. coli* or other normal intestinal bacteria. The virulence factor is able to stimulate the production of typhoid agglutinins when grown in symbiosis with *B. coli.*

While the work of the Italian investigators has not yet been confirmed by American bacteriologists, their suggested "binomial" theory is in line with the newer knowledge of bacterial dissociation and virus synergism. If confirmed, their theory eventually may take its place as one of the most important basic contributions to medical science of the present generation. Most American bacteriologists, however, are skeptical of its confirmation.

P. O. Box 51.

W. H. MANWARING,
Stanford University.

MAPHARSEN AS AN ANTISYPHILITIC ARSENICAL

Thirty years ago, Paul Ehrlich first synthesized and studied the chemical named amidophenoarsenoxid, otherwise known as arsenoxid, and commonly known today as mapharsen. Its use in human beings was not recommended at that time because he regarded it as highly toxic, and as possessing a lower chemotherapeutic index than arsphenamin. Mapharsen is a pure, stable chemical, which is readily soluble, and contains a low arsenical content (about one-tenth that of neoarsphenamin in comparable therapeutic doses).

On the basis of experimentation, Tatum and Cooper found in 1932 that mapharsen had a higher therapeutic index for syphilis in rabbits than any other syphilitic agent. This experimental evidence warranted its trial in human syphilis, and since then a great deal of literature has appeared, most of which agrees on the favorable effects of mapharsen on the various forms of syphilis.

In considering the value of mapharsen as an antisyphilitic agent, it is interesting to note the results obtained by Chargin et al. in the treatment of 188 cases of early syphilis with mapharsen and bismuth, as compared to results obtained by Stokes et al. in a series of 169 cases treated similarly, but with arsphenamin or neoarsphenamin and bismuth. In this series, satisfactory results with mapharsen were obtained in 84 per cent of the cases. This compares favorably with the 80 per cent satisfactory results noted with neoarsphenamin or arsphenamin.

Mapharsen is still an experimental drug, although admittedly it has had extensive clinical trial in the last eight years. To date it has apparently shown itself to be as effective an arsenical as neoarsphenamin in the treatment of the various manifestations of syphilis, as evidenced by the disappearance of spirochaetes from early infectious lesions, healing of early and late skin manifestations, reversal of serology, and prevention of syphilis in new-born infants. Although it probably will prevent the later complications (such as paresis, tabes, and cardiovascular syphilis) where adequately used, about twenty years must pass before this can be definitely stated.

To date, in over five million injections only two fatalities have been reported (Simon and Iglauer, Rein and Wise). This is much less than one would expect from neoarsphenamin. It has been particularly noted that instances of blood dyscrasias, severe or exfoliative dermatitis, liver damage, and other serious and at times fatal reactions occurring with neoarsphenamin are very rare. No case of nitritoid reaction due to mapharsen has been reported.

Some patients, however, cannot tolerate mapharsen without experiencing nausea and vomiting. Pain along the course of the vein and extending up the arm to the shoulder may also occur. While these are not serious reactions, they are disconcerting to the patient. Despite these minor reactions, it may be stated in brief that in view of its low toxicity, ease of preparation and administration, and the excellent results so far obtained, the further use of mapharsen as an antisyphilitic remedy is justified.

450 Sutter Street.

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Reports Inflammation of Skin After Wearing of Nylon Hose.—Four cases of dermatitis (inflammation of the skin) of the legs and thighs following the wearing of Nylon stockings made by one manufacturer are reported by S. J. Fanburg, M. D., Newark, N. J., in *The Journal of the American Medical Association.* In his preliminary report of the cases he says they "suggest that the dye or finish used in preparing the hose in question may have been a primary cutaneous irritant, while the Nylon itself is probably innocuous."

Patch tests made on the four women with undyed and unfinished Nylon were negative, he reports, whereas in all four cases strongly positive reactions to the finished product and the residue of an ether extract were obtained. Doctor Fanburg says that the E. I. DuPont de Nemours Company states that Nylon yarn is manufactured by it and sold to various mills, where the material is made into hosiery and then dyed and finished.

"This note," the doctor says, "is made so that others may be on the lookout for similar cases and to call attention to the need, for the manufacturers, to warn the public of the possibility of reactions to this product."

While the school teacher has not more tuberculosis than the average adult, next to the family she provides the greatest opportunity for close prolonged contact with the school child. To require the teacher to provide a health certificate, including chest films, would serve to remove this reservoir of infection.—D. O. N. Lindberg, M. D., *Illinois Medical Journal,* October, 1935.

ORIGINAL ARTICLES

PRIMARY CARCINOMA OF THE LUNG: THE IMPORTANCE OF EARLY DIAGNOSIS IN INCREASING OPERABILITY AND CURABILITY*

By PAUL C. SAMSON, M. D.
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AND
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PRIMARY cancer of the lung is no longer a pathologic curiosity. Reliable statistical studies, covering many thousands of autopsies, have shown that bronchiogenic malignancy now comprises approximately 10 per cent of all carcinomas.[1] We are, then, dealing with a lesion which is relatively common and in which an early diagnosis must be made if a cure is to be expected. At present, wide surgical removal by pneumonectomy is our most certain means of cure. Awareness of the frequency of primary carcinoma of the lung must warn the physician to search for confirmatory evidence whenever an unexplained thoracic symptom-complex is presented. This report concerns early symptomatology, and outlines the further diagnostic procedures which are necessary when bronchiogenic carcinoma is suspected.

* Read before the Section on General Surgery of the California Medical Association at the sixty-ninth annual session, Coronado, May 6-9, 1940.

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SYMPTOMS AND SIGNS

Persistent cough is an early symptom in nearly all cases. At first it is nonproductive and hacking in character. When sputum first appears it is usually mucoid, later becoming purulent when infection has developed beyond an obstructing neoplasm. Wheezing due to the partial obstruction of a large bronchus is frequently a prominent symptom. Blood-streaking in the sputum may occur early in the disease, but its complete absence is not unusual. Large hemoptyses are uncommon except as a late development.

Many patients attribute their difficulties to a cold, to influenza, or to a pneumonia which did not clear up properly. The persistence of fever, night sweats, and productive cough for many weeks, following an acute respiratory episode, should be regarded with great suspicion. Unless the history is properly evaluated, symptoms of continuing or recurrent pulmonary infection may entirely overshadow the evidence of an obstructing neoplasm. In such patients, pulmonary tuberculosis and other chronic infectious diseases may be readily ruled out by adequate sputum examination.

Occasionally patients with a chronic cough, due to bronchitis or bronchiectasis, note a change in the cough. There may be an alteration in tone, and the cough becomes more irritating. The sputum changes character and there may be blood-streaking. This change in "cough habit" should be regarded with exactly the same suspicion as one regards a change in bowel habit when a carcinoma of the colon is suspected.

Thoracic discomfort often occurs due to atelectasis, pulmonary infection, or pleural irritation. Constant severe chest pain is uncommon as an early

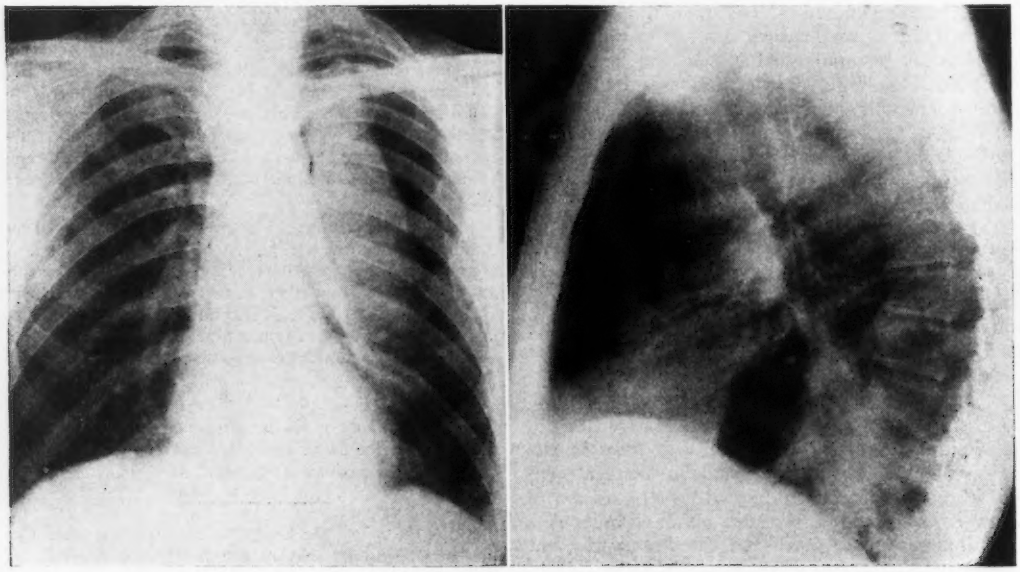
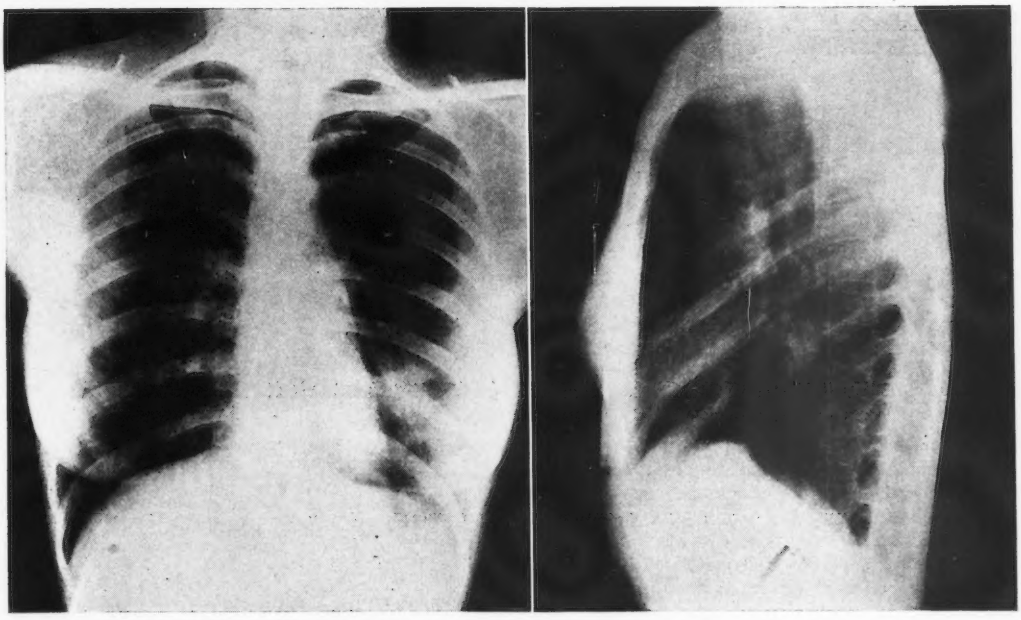


Fig. 1 Fig. 2

* Fig. 1.—Complete obstructive atelectasis of left upper lobe. Preoperative pneumothorax present. (Case 1.)
* Fig. 2.—Wedge-shaped lobular infiltration in left lower lobe, lateral projection. (Case 2.)

* Figs. 1, 2, and 3 reprinted from *Western Journal of Surgery, Obstetrics and Gynecology.*



* Fig. 3.—Frontal and lateral projections showing rounded density in left lower lobe (Case 4). Biopsy secured by careful nonvisual exploration of successive tertiary bronchi.

symptom. Moderate weight loss and slight anemia may be present. In the face of other suggestive findings, age should not be taken into consideration, since carcinomas of the lung have been reported in patients under twenty.

There are no characteristic objective findings in early pulmonary cancer. Physical signs may be entirely absent. Occasionally a small neoplasm may cause a total atelectasis with resultant cardiac and mediastinal shift. Localized wheezing and coarse rhonchi are of importance when present. The development of nerve palsies (Horner's syndrome, recurrent laryngeal and phrenic paralysis), vascular obstruction, or esophageal deviation usually indicate that the neoplasm is inoperable.

DIAGNOSIS

When a bronchiogenic neoplasm is suspected, adequate roentgen examination must be the first step in diagnosis. This should consist of fluoroscopy, followed by frontal stereoscopic and lateral films. The chief value of fluoroscopy is to determine whether or not an obstructive emphysema is present. Adequate film studies are necessary for accurate localization. Many neoplasms do not present a characteristic picture because of obscuring parenchymal infection.[2] Irregularly rounded shadows, with faint peripheral radial striations, may be seen. Persistent wedge-shaped lobular infiltrations should be regarded with suspicion. Lobar atelectasis is not uncommon (Figures 1-4). Occasionally the roentgenogram reveals no evidence of disease. If symptoms persist, however, further diagnostic procedures should be carried out.

Bronchoscopy, with biopsy, probably is the most important single procedure which we possess for the determination both of diagnosis and of operability. This examination always should be advised without hesitation. In competent hands the hazard and discomfort are minimal.

As with other diagnostic procedures, bronchoscopy is not infallible. Microscopic examination of tissue may not substantiate the visual impression of tumor. In this case bronchoscopy should be repeated immediately. Should the first examination fail to reveal neoplasm, and should suspicious symp-

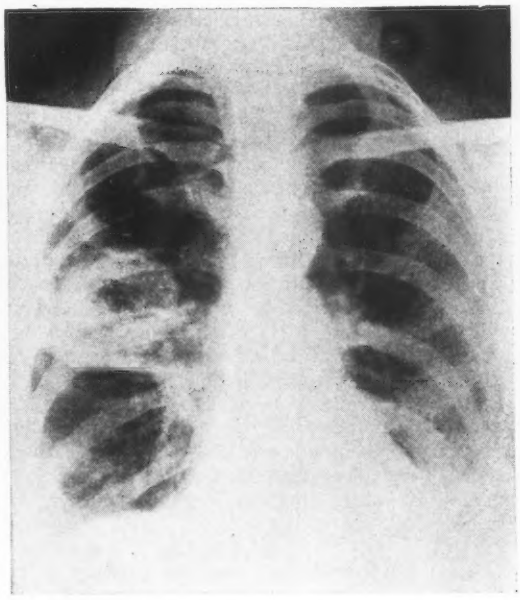


Fig. 4.—Large, irregular cavity in right upper lobe. Walls unusually thickened. "Excavating carcinoma." Preoperative pneumothorax present. (Case 6.)

a *b*

Fig. 5.—Biopsy instruments most frequently used. (*a*) Square-end basket forceps with cutting edge. (*b*) Sharp-edge cup forceps, extremely useful for probing smaller bronchi beyond bronchoscopic vision. In such instances biopsy material is secured by a scalping technique rather than by biting.

toms continue, a second bronchoscopy within a few weeks is imperative. In approximately 75 per cent of cases a definite diagnosis will be established bronchoscopically. The careful study of prebronchoscopic roentgenograms may be of great aid if the lesion is not visualized at bronchoscopy. Accurate roentgen localization often permits successful "blind biopsy" with curette or cup-forceps (Figure 5). Holinger[3] has used biplane fluoroscopy for the same purpose, but this apparatus is seldom available. In rare instances the induction of pneumothorax causes sufficient downward bronchial angulation to permit visualization of an otherwise inaccessible lesion. If the suspected neoplasm is not visualized, but blood-streaked sputum is seen, this should be collected in a separate container, fixed, and paraffin sections made.

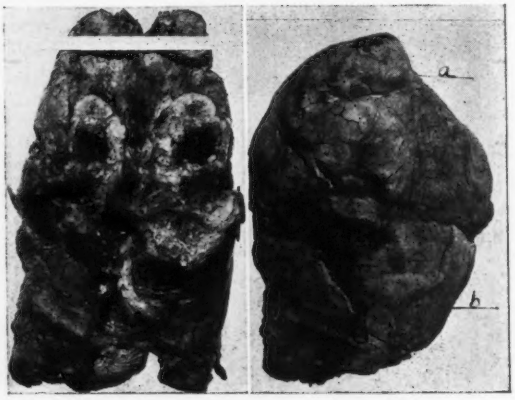
Bronchoscopy, likewise, gives valuable aid in judging as to the possibility of pneumonectomy. The thoracic surgeon should be able to perform his own bronchoscopies and to decide for himself the question of operability.[4] The presence or absence of carinal fixation, the distance of the visualized neoplasm from the carina, and the presence of proximal submucosal extension, are all important factors in making a decision.

Of considerable benefit from the operative standpoint is the great subjective improvement which often follows bronchoscopy. If the neoplasm causes obstruction, it has been our practice carefully to remove obstructing tissue, dilate the bronchus, and aspirate all secretions. The decreased cough and sputum, loss of fever, and improvement in appetite are valuable aids in the preparation of a patient for operation.

Other less frequently used methods of diagnosis in early bronchiogenic carcinoma may be summarized briefly. None of these, however, should replace roentgenographic study or bronchoscopy. Dudgeon[5] has perfected a "wet-film" technique for the study of neoplastic fragments in fresh sputum. Transthoracic aspiration biopsy in peripheral neoplasms has been employed by Craver and Binkley[6] with success. But the indiscriminate use of this method is not justified because of the dangers of infection and of implantation metastasis. The verification of peripheral neoplasms also may be obtained by thoracoscopic inspection following induction of pneumothorax. Bronchograms which show bronchial defects on *repeated* examinations may be of value.

AUTHORS' SERIES

Six total pneumonectomies for primary carcinoma of the lung have been performed by the writers, with postoperative recovery in four patients. In neither fatal case was death due to operative shock. These two patients survived eleven and twenty-four days, with death resulting from purulent pericarditis and empyema, respectively. It is of interest that in both fatal cases the pneumonectomy was right-sided. It is our impression that adequate closure of the stem bronchus is more difficult on the right, due to the relatively higher origin of the right upper lobar bronchus. In addition, mediastinal shift to the right, and compensatory hypertrophy of the left lung, do not take place as easily as do the corresponding mechanisms for obliteration of the left pleural cavity.



(*B*) (*A*)

Fig. 6.—Right lung. Operative specimen from Case 6. (*A*) Outer surface: (*a*) upper lobe; (*b*) middle lobe. Arrows point to the carcinoma which arises in the upper lobe, but which encroaches on both main and accessory fissures. This specimen demonstrates the futility of attempting lobectomy even in cases of peripherally-situated carcinomas. (*B*) Longitudinal section. The central portion of the carcinoma became necrotic and has excavated (see Fig. 4).

A summary of the six cases follows. Details of the histories and operative technique have been presented elsewhere.[7]

REPORT OF CASES

CASE 1.—A white male, aged 62, complained of productive cough, weakness, and loss of weight for a period of three months. Roentgenograms showed atelectasis of the left upper lobe. Bronchoscopy showed occlusion of the left upper lobar bronchus, as though from external pressure. No biopsy was procured. Pneumonectomy was performed by mass ligation and the pleural cavity was drained. Bronchiogenic carcinoma was verified microscopically. The patient died suddenly from coronary thrombosis one year following operation. There was no evidence of recurrence. He had been working for many months prior to his death.

* * *

CASE 2.—A white male of 63 years had a five months' history of recurring fever, pleurisy, productive cough, and blood-streaking. The original diagnosis was pneumonia. Roentgenograms showed a wedge-shaped infiltration of the left lower lobe. Bronchoscopic biopsy was confirmatory of primary carcinoma of the lung. Pneumonectomy was performed and the patient made an uneventful recovery.

* * *

CASE 3.—A white male of 36 years had a nine months' history of paroxysmal productive cough, blood-streaking, wheezing, weakness, and loss of weight. Roentgenograms showed a dense, rounded mass in the left lower lobe. The diagnosis was confirmed bronchoscopically. Pneumonectomy was performed successfully. The hilar lymph nodes showed metastases. The patient was relatively well for

four months, but died eight months after operation with symptoms of cerebral metastases.

* * *

CASE 4.—A white female of 32 years had a six weeks' history of nonproductive cough and slight loss of weight. Initially, there was severe left-sided pleurisy. Roentgenograms showed a small rounded mass in the left lower lobe. No tumor was visualized bronchoscopically. "Blind biopsy" with cup forceps and curette, however, was productive of neoplastic tissue. Pneumonectomy was performed successfully. Later, rib resection was necessary for a localized empyema. Convalescence is progressing, although thoracoplasty may be necessary because of persistent left-sided thoracic pain.

* * *

CASE 5.—A white male of 54 developed a "cold," which did not subside. There was an eight months' history of productive cough, with blood-streaking, night sweats, loss of weight, and pain in the right upper thorax. Roentgenograms showed atelectasis of the right upper lobe, and bronchoscopy confirmed the presence of a neoplasm blocking the upper lobar bronchus. During pneumonectomy the pleural cavity was grossly contaminated. Intercoastal drainage was provided. Following an initial period of recovery, the patient died suddenly on the eleventh postoperative day. At autopsy, an acute purulent pericarditis was discovered.

* * *

CASE 6.—Seven months prior to operation a white female of 61 years began bringing up, almost without effort, blood-streaked purulent material. The onset was insidious. Slight cough later developed, with associated ease of fatigue and loss of weight. There had been a long-standing history of asthma. Roentgenograms showed a large, irregular cavity with greatly thickened walls lying peripherally in the right upper lobe. The white blood count was 11,300. Bronchoscopy did not reveal neoplasm. In the differential diagnosis, pulmonary abscess was ruled out because the patient was not ill enough, and because the roentgenograms were not characteristic. The lung was removed and on section a carcinoma with necrotic center was found (Fig. 6). Putrid empyema developed and the patient died twenty-four days following pneumonectomy.

SUMMARY AND CONCLUSIONS

At present any expectation for cure in primary cancer of the lung lies with radical resection, preferably by pneumonectomy. In the seven years which have elapsed since Graham[8] first successfully removed a lung for carcinoma, great strides have been made in reducing the operative mortality. Several patients already have survived total pneumonectomy for five years or longer without evidence of recurrence.

As with carcinoma elsewhere in the body, early diagnosis is paramount if surgery is to be effective. With this thought in mind we have detailed the various early symptoms which should suggest the possibility of bronchiogenic cancer. We wish to emphasize again that thorough roentgen studies and bronchoscopy are invaluable procedures in establishing a diagnosis.

Brief histories have been given of six patients who underwent total pneumonectomy. In this group, four patients recovered from operation.

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IMMEDIATE MANAGEMENT OF SURFACE INJURIES*

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TO avoid repetition and to give a clearer concept of the immediate management of surface injuries, I have elected to divide the treatment into (1) general considerations and (2) specific procedures directed to certain local areas.

The optimum time to see and start appropriate treatment for any surface injury is as soon as possible after the injury has occurred. This is elementary, and should be a foregone conclusion with men handling these cases; but too often there are instances where hours of delay have intervened through no fault of the patient, the injury being attended to at the convenience of the attending surgeon. Every moment's delay jeopardizes the possibility of a good end-result and, naturally, increases the incident of infection. Perforations of the body covering should be given the same prompt attention that the surgeon knows, from experience, he must give perforations of the viscera. The longer the delay the more likely are complications.

If the injury is of any import, it should not be looked on as an office procedure, but the patient should be given all the advantages of the modern hospital. This is such a well-known fact that experienced insurance companies will insist that hospital entry be effected immediately after they have been notified.

Primary hemorrhage occurring as the result of the injury must be stopped, and shock should be combated to the fullest extent to improve the patient's general condition as well as to speed local healing.

CHOICE OF ANESTHETIC

The choice of the necessary anesthesia lies with the attending surgeon. I prefer local (1 per cent novocain) as a block or distal infiltration anesthesia where possible; otherwise, gas or ether inhalation, as indicated. For extensive hand injuries involving tendons or nerves, gas anesthesia is satisfactory.

* Read before the Section on General Surgery at the sixty-ninth annual session of the California Medical Association, Coronado, May 6-9, 1940.

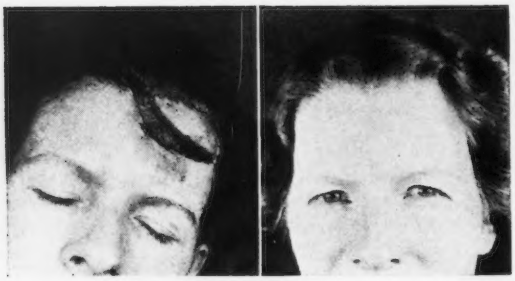

Fig. 1*a* Fig. 1*b*

Fig. 1*a*.—Lacerated forehead due to glass. Frontal bone exposed for three inches under scalp.

Fig. 1*b*.—Primary repair under block anesthesia. Wound completely healed in seven days.

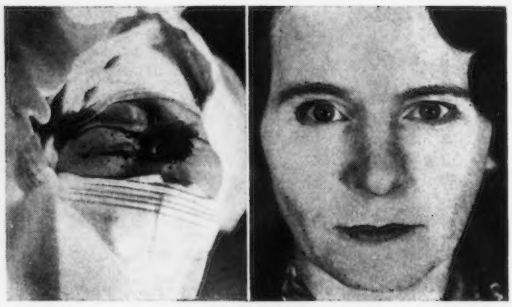

Fig. 2*a* Fig. 2*b*

Fig. 2*a*.—Complete laceration of tip of nose by auto glass. Septal and alar cartilages exposed and mucosa severed.

Fig. 2*b*.—Result of primary repair of all nose elements under local anesthesia. It was unnecessary to do any additional reconstruction after primary repair.

PREPARATION OF FIELD OF INJURY

The preparation of the field surrounding the injured areas should be just as complete and efficient as if one were proceeding with a clean surgical case. Shave, if necessary, then clean with soap and water, and paint with either tincture or the aqueous solution of merthiolate. The wound is thoroughly investigated and then irrigated with normal saline solution that completely floods the wound, but is not forced in under pressure. I then saturate the wound with the tincture or the aqueous solution of merthiolate. This type of antiseptic is, of course, my personal preference.

A complete debridement is done, sacrificing any damaged or traumatized tissue, which will only act as a pablum for bacteria. This devitalized tissue makes wonderful culture media and will change a clean wound into a septic one. A thorough debridement is one of the most important steps in effecting a clean wound with resultant primary healing. Then an accurate reposition of all the injured tissues to their respective, normal positions, with a minimum of suture material is accomplished. The wounds are then inspected and complete hemostatis established. Hematomata mitigate against clean wounds and primary healing. The skin covering should then be closed without drainage, except in rare instances. The sutures should not be placed under tension and should allow for the resultant edema that occurs. An accurate splinting of the part will do much to relieve tension and promote primary healing.

In dealing with all surface injuries, unless decidedly contraindicated, I effect an immediate epithelial covering for all denuded areas. This is *sine quo non* in reconstruction surgery. A traumatic technique is a necessary prerequisite in all of this work if one is to obtain the most satisfactory primary healing and better end-results. This technique is complex, but, generally speaking, it is the meticulous attention to the many small details that negates trauma. In addition to the above suggestions, certain areas require more specific treatment to bring about primary closure.

I routinely give my patients the prophylactic dose of tetanus antitoxin, and never hesitate to give large doses of gas-gangrene antitoxin whenever it is indicated.

SPECIAL AREAS

Scalp.

Sutures should go completely through the scalp at right angles to the incision one-quarter inch from edge. Pressure dressings should be applied to prevent hematoma. If part of cranium is exposed, the bone should be covered with the adjacent scalp, or one may have to create a flap to cover the denuded bone to prevent a sequestrum and place a skin graft in the donor area. When this procedure is carried out the pericranium should be preserved in the donor area.

Ear.

All cartilage should be covered if exposed. Hematoma must be drained and the collapsed skin and perichondrium held snug against the cartilage. This can be done, after the hematoma is evacuated, with plaster of Paris inlayed into the ear convolutions, and dependent drainage is established. One can do an immediate repair from adjacent skin or bury the severed part of the ear under the scalp and use it for reconstruction later. Severed ear flaps with small pedicles, if properly sutured and not choked, do surprisingly well even though there is some question of their viability immediately following an accident. Lacerations into the external canal should be accurately reconstructed and continual dilatation should be effected. If necessary an immediate skin graft, split or Thiersch, should be done to cover any defect; otherwise a very troublesome stenosis will result. This is especially true if the lacerations extend around the circumference of the cartilaginous canal.

Eyelids.

To prevent any corneal damage, or a resultant extropion or entropion, accurate reposition of all lid elements must be effected. If the center portion of the upper lid is lost, immediate replacement with a lining and covering must be done, to give the cornea its necessary protection. One must remember that the lining must be smooth, nonirritating, and any sutures that are used must not lie in contact with the cornea.

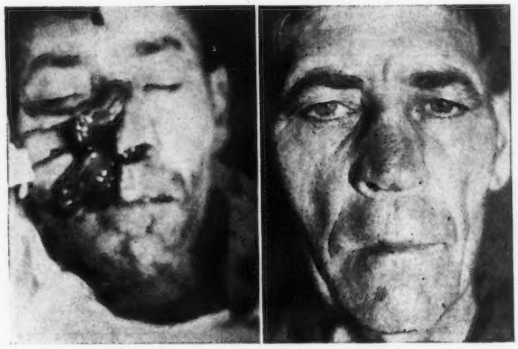

Fig. 3*a* Fig. 3*b*

Fig. 3*a*.—Complete laceration of nose, lip and palate, due to explosion of emery wheel. Multiple, comminuted fracture of nasal bones, septum and maxillae. Repaired under local block anesthesia. Hospital stay five days.

Fig. 3*b*.—Results of primary repair. Healing occurred by first intention. Returned to work two and one-half weeks after original injury.

Nose.

So often fractures of the nose are not attended to or passed over until marked deformity is noticed after the swelling has subsided. Fractures of the nasal framework can be readily reduced early to give a good functioning and cosmetic effect. If the fracture is unrecognized they become more difficult to reduce as time progresses, considerable manipulation being required as early as the second week. The majority of these fractures are directly depressed or distorted to right or left. This involves the nasal bones, nasal processes of maxillae, and septum.

A simple system of handling these cases under (1) sodium pentabarbital anesthesia, (2) local (1 per cent novocain) anesthesia, (3) gas and oxygen anesthesia, is:

1. Elevation of nasal bones and fractured septum.
2. Reduction of the fractured nasal processes of maxillae, inward or outward, as indicated.
3. Digital molding to center the nose.
4. Placing of one soft-rubber tube and one cigarette drain in each nostril.
5. Application of a molded external nasal splint of blocked tin.

Lacerations completely through the nose require both internal and external sutures to close the lining as well as covering to prevent webbing and stenosis.

Face.

In facial injuries an accurate early reposition of the fractured bones is essential to get normal contour. If unattended, marked distortion usually occurs that necessitates refracture and/or the use of refrigerated cartilage grafts to restore normal contour. Suture of facial muscles and severed nerves should be accomplished at the primary procedure to restore normal muscle tone and give the nerves their best chance to regenerate. This regeneration will occur if the severed nerve ends are accurately sutured early. The paralyzed facial muscles should be properly splinted to protect any elongation of the muscles until nerve regeneration has taken place and normal muscle tone has returned. It is needless to say that maxillary and mandibular fractures should be accurately reduced in good anatomic position to get the best eventual functional and cosmetic result with a satisfactory dental occlusion.

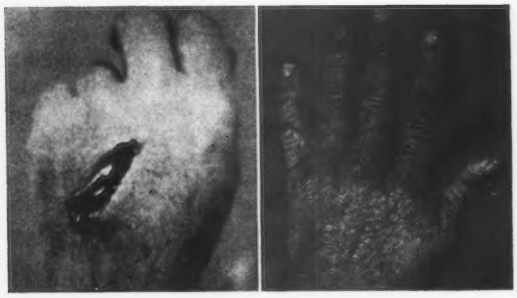

Fig. 4*a* Fig. 4*b*

Fig. 4*a*.—Severance and avulsion of extension tendon of ring and little finger. Repaired under tourniquet and gas anesthesia.

Fig. 4*b*.—Complete extension of ring and little finger following extensor tendon suture. Fingers splinted in hyperextension for five weeks following tendon suture.

Mouth.

I am firmly of the opinion that lacerations of the buccal mucosa should be given the same immediate care as lacerations of the skin. Suture should be done, and for this, in small children, I use catgut and in adults, horsehair or silk. In tying the sutures it is important to place at least three knots in them; otherwise, due to motion and moisture, they may come untied. These sutures should not be tied tight, but just approximated, otherwise they will cut through when the post-traumatic edema occurs.

Hands.

All hand injuries in which tendons or nerves are severed should be looked on as a major surgical procedure, and the patient sent to the hospital, where the repair should be effected immediately in a bloodless field, preferably under gas anesthesia.

Generally speaking, primary suture of tendons and nerves should be done up to six to eight hours after injury, in a relatively clean field. Delayed repair should be done in all badly contaminated wounds, and when the six- to eight-hour time limit has passed. Openings into the smaller joints of the hand can also be handled in the same manner.

Adequate splinting of injured tendons or nerves, of course, is essential for their proper repair.

If the covering of the hand, particularly the dorsum, is avulsed after the usual careful surgical toilet, suture of the wound is done with the proximal sutures left relaxed for twenty-four hours to permit the edema to subside. If the covering flap is immediately sutured tight, the resultant edema may lead to considerable covering loss.

Any skin losses that will leave a denuded area should be grafted immediately, preferably with Thiersch or split-skin graft. If tendons, joints, bones, or nerves are uncovered, they should be recovered, using skin and subcutaneous tissue as a covering. This may necessitate suture of the digit into the abdominal wall or other satisfactory donor area. Finger stumps can be treated in the same manner. This is done only, of course, in clean wounds in which primary closure of the injured area would be considered.

Lower Extremities.

All lower-leg denuded areas should be covered with epithelium during the primary surgery. This includes compound fractures unless strongly contraindicated. The surface defect over the bone can be closed by utilizing a double pedicle sliding flap with a split-skin graft to the donor flap area. If these two thoughts are kept firmly in mind, compound fractures will be converted into simple fractures, and lower-leg ulcers that are so resistant to treatment will be very materially reduced.

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THE INTERPRETATION OF LABORATORY EXAMINATIONS IN THE DIAGNOSIS OF INFECTIOUS DISEASES*

By CHESTER S. KEEFER, M. D.
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PART III†

OCCASIONALLY in communities where rickettsial diseases are not common, one encounters a patient who has the clinical picture and course of typhus fever. Perhaps the commonest rickettsial fever in the United States at the present time is the eastern and western variety of Rocky Mountain spotted fever, both caused by the same types of rickettsia. Sporadic cases of this disease have been reported in Massachusetts recently and I have had an opportunity within the last two years of observing a patient who had typical typhus fever, which was acquired while working in a laboratory where experiments were being carried out on typhus fever. The clinical course and laboratory examinations in this particular case were instructive.

A young man with fever and leukopenia develops rash and positive Weil-Felix reaction.

CASE 7.—A young man, 26 years of age, working as a laboratory technician handling animals, had been inoculated with rickettsia and for typhus fever. He had used every known precaution against these infections, but two days before admission he had a sudden departure from health with fever, malaise, headache and prostration. On the second day of his illness he had a chill and his temperature rose to 101.8 degrees Fahrenheit; and on the third day of his illness his temperature was 103 degrees Fahrenheit.

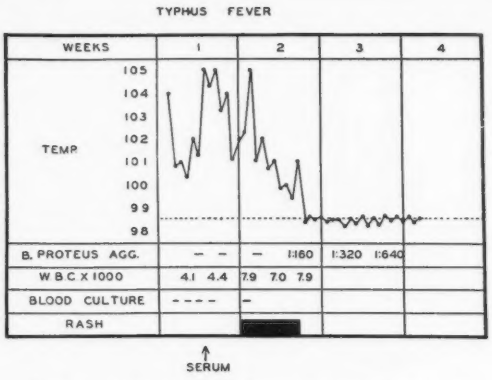

Fig. 4.—(Case 7) Chart showing temperature curve and results of laboratory examinations in a case of typhus fever.

He complained of some photophobia and injection of his conjunctivae. He experienced some abdominal pain but, aside from that, had no complaints.

Physical examination showed a young man who was mentally clear but obviously acutely ill. There was marked injection of the conjunctivae, both palpebral and bulbar. His neck was not stiff and there was no deafness. Heart and lungs were clear. The tip of the spleen was just palpable and there was no cutaneous rash. Laboratory examination showed that the red blood cell count was 4,610,000, hemoglobin 98 per cent, and white blood cell count 4,100. Blood culture on admission was negative as were the agglutination tests for Proteus OX19, typhoid, paratyphoid and B. melitensis.

The course of the disease is recorded in Fig. 4. In view of the negative blood culture, the leukopenia, and the history of exposure to typhus, on the third day of his illness he was given 40 cubic centimeters of antityphus serum (Zinsser). Temperature remained high in spite of the serum and a rash was completely absent until the ninth day of his illness, when a diffuse macular eruption appeared over the trunk, abdomen and extremities. The temperature returned to normal on the fifteenth day of the illness and, at that time, the Weil-Felix reaction against Proteus OX19 was positive in a dilution of 1:160. This gradually increased so that the titre in his blood serum on the twenty-third day of illness was 1:640.

In this patient the rash did not appear until the ninth day of illness, and the Weil-Felix reaction was not positive until the day the temperature returned to normal. The history of exposure to typhus, the high fever, leukopenia, negative blood cultures, and negative agglutination reaction to the enteric group of organisms forced the conclusion that the patient had typhus fever before the rash or the positive agglutination reaction appeared.

From previous experience with a large number of cases of typhus fever in the Orient, I observed that the Weil-Felix reaction is usually negative during the first week and becomes positive in increasing numbers of cases during the second week. Between the second and third week it is usually positive in 100 per cent of the cases examined. It commonly falls off after the fourth week from the onset of the illness. The average titre of the agglutinins varies from 1:320 to 1:1280, the extremes being, in my experience, 1:80 and 1:5120. Since the titre usually increases during the second week, repeated examinations at this time are of great value to diagnosis. This may be especially important in the individuals who show both a positive agglutination reaction to the Proteus OX19 and to the typhoid

* From the Thorndike Memorial Laboratory, Second and Fourth Medical Services (Harvard), Boston City Hospital, and the Department of Medicine, Harvard Medical School, Boston.

Read before the General Medicine Section of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1-4, 1939.

† Part I of this paper appeared in CALIFORNIA AND WESTERN MEDICINE, September, page 111; Part II, October, page 173. Owing to the extra space needed in this issue for presentation of Medical Preparedness information, the concluding portion of Dr. Chester S. Keefer's article will now appear in two sections: Part III in current November issue, and Part IV in the December number.

bacillus. When agglutinins are present for both these groups of organisms the interpretation may be exceedingly difficult since the clinical picture may, in many respects, be similar. When this problem arises, simultaneous agglutination tests should be made with both groups of organisms repeatedly, and the variation in the titre of both noted. Usually, if one is dealing with a case of typhus fever, the Proteus OX19 organism is agglutinated in increasingly higher titre as the agglutinins for the typhoid bacillus remain more or less stationary.

(To be continued)

LURE OF MEDICAL HISTORY

UNITED STATES ARMY FIELD HOSPITAL IN SAN FRANCISCO IN 1906*

AN INTERESTING LETTER: WITH SOME EXCERPTS FROM THE MAY, 1906, ISSUE OF THE CALIFORNIA STATE JOURNAL OF MEDICINE

AFTER years of friendship between men it sometimes happens that certain events in which either has had an experience may never come up in conversation with one another. Recently, for example, William Thornwall Davis, M. D., of Washington, D. C., now professor of ophthalmology in George Washington University in that city, and with whom the writer, in 1912, spent many interesting hours in the eye clinics of the University of Vienna, on a brief visit to San Francisco called at the editorial offices of the California Medical Association. Recounting some reminiscences, it came to light that Doctor Davis, who in earlier years was in the medical corps of the United States Army (a major of the regulars), had also been assigned to special duty at the time of the great disaster that overwhelmed San Francisco in the early morning of April 18, 1906.

Doctor Davis' new and interesting story led the editor to exact from him a promise to outline in a brief letter the high points of the narrative, believing that such a communication would be a distinct addition to the State Medical Association's archives.

On his return to Washington, Doctor Davis kept his promise, as may be noted in the letter which follows:

(COPY)

927 Seventeenth Street, N. W.
Washington, D. C.
September 28, 1940

George H. Kress, M. D.
450 Sutter Street
San Francisco, California

Dear George:

The following is a brief account of the field hospital at the Golden Gate hospital in 1906. You can dress it up as much as you like.

I had only just arrived in Washington by way of New York from the Far East, having traveled through China, Sumatra, Sudan, India, Egypt, and Europe over a period of a year. Twenty-four hours after I arrived in Washington, news came of the disaster in San Francisco. A special train was immediately organized with a full hospital corps company and we started straight across the continent, nonstop, except to change engines. We started with six coaches and two or three baggage cars. Clear across the continent, citizens were building bonfires in the middle of the track to add one or more cars of supplies. We picked up twenty-five white Red Cross nurses in Chicago. When we arrived in San Francisco we had a train a mile long. All sorts of supplies and provisions were taken on at the different towns through which we passed. There were about two hundred nurses and a number of doctors who climbed on board and stayed there.

The fires were still burning and they were dynamiting houses on the hills when we landed at the ferry in San Francisco.

We marched up Market Street between the smoldering ruins, out to the Golden Gate Park and put up our field hospital, under canvas. You can picture the scenes of the people who had been wealthy and in luxury the day before, sleeping with only a blanket on the ground or nothing. We had some few wounded and sick; we had asked for and obtained permission to take as many in the hospital for care as we could. This was done to the great benefit of many wealthy people who had escaped from their palatial homes just the night before. I found a number of my friends whom I had known when I was stationed at the Presidio, who had been lovely to me, and it was a source of greatest gratification to help them in their time of great need.

I received on that trip an object lesson that I shall never forget; the generosity of the American people and their resiliency in time of trouble, of their ability to come back after losing all and immediately rebound to a happy frame of mind. They sat about the campfires in the Park and sang and joked and talked as if they were on an outing, and as soon as the embers had cooled they were back on the job with great energy to build the great city of today.

The unselfishness of the people at that time, their courage and their fortitude, is something that I shall never forget. Don't ever let anyone tell you that the American people are not courageous and generous or that they have become soft. That is not so.

If you find you want any more details, I will give them to you, but these are all the bare facts which I told you I would send you.

Very sincerely,

Wm. Thornwall Davis, M. D.

* * *

SOME EXCERPTS FROM THE OFFICIAL JOURNAL

Members of the California Medical Association who have come to the State since 1906, and who have not had occasion to look into the history of those memorable days, may also be interested to learn that the annual session of the State Medical Association convened at San Francisco on Tues-

* By George H. Kress, M. D., San Francisco, editor of CALIFORNIA AND WESTERN MEDICINE.

day morning, the 17th of April, on the day before the earthquake, when the meeting was held in the old Y. M. C. A. building, located then on Mason and Ellis streets.

For readers who may wish to know more concerning those days, it may be stated that bound volumes of the official journal—*California State Journal of Medicine,* as CALIFORNIA AND WESTERN MEDICINE was then called—may be consulted in the medical libraries at the University of California, Stanford University, and the Los Angeles County Medical Association.

The annual session program of the year 1906 was printed on page 117 of the April issue of the *State Journal,* that number having text pages 113-150, inclusive.

But the May, 1906, issue was only a four-page issue! Read what Editor Philip Mills Jones, founder of the OFFICIAL JOURNAL, wrote at that time:

* * *

A SAD GREETING

"It was a very different sort of May issue we had planned. But as all the world now knows our beautiful city of San Francisco has been wiped out of existence. The editor has been able to confer with but one member of the Publication Committee and a few of the delegates living in Oakland, and these have authorized the bringing out of this number in its present form. There is not a business house of any sort left standing in San Francisco—no paper house and no printer—so this number is printed in Oakland. The mailing list of the *Journal* has also vanished, so that many exchanges and subscribers will not at once receive this issue. However, enough copies will be printed to supply all regular recipients in the course of time. We would respectfully request other journals to copy this statement and also say that no sample copies will be sent out. The present address of the *Journal,* or rather of the editor, for the *Journal* office is beneath the editorial hat, which was almost his only possession not destroyed, is 1230 Telegraph Avenue, care of Dr. Frank Adams, Oakland, California. Correspondents are respectfully warned, however, that their letters may not be answered immediately, for almost all typewriters have been destroyed and the whereabouts of our stenographer is an unknown quantity."

* * *

FUTURE ISSUES

"We desire to get out this May issue in its sadly abbreviated shape in order to let all whom it may concern know that while we are now sitting on the ashes of our former property and have nothing but a pencil, a piece of paper and some credit, the spirit of the physicians of California is in nowise daunted. When the *Journal* was born we were told that it could not live; but it throve and waxed lusty. Shall we allow the 'devil with two sticks' to do what human scheming could not do—stop us? Hardly! As there will be a newer and a better and more beautiful San Francisco, so there will rise, Phoenix-like, we trust, a better and a more useful *California State Journal of Medicine.* But we must needs ask your patience, for our troubles are mighty, and while they do not crush us, they weigh heavily. The June number will not be issued until it can come out in regular size and garb."

* * *

SEMICENTENNIAL MEETING

"Undoubtedly the annual meeting of the Medical Society of the State of California for 1906—its semicentennial—will remain forever the one most generally remembered. The registration book, unfortunately, is not at hand—one can only say that it once existed—but it is known that about 4 p. m. on Tuesday, April 17, the first day of the session, nearly three hundred members had registered. The program was unusually good; at least one copy is known to exist, and there may be others. The general session in the morning was well attended, the principal subject of interest being the report of the various members of the Board of Examiners. It seemed apparent that the administration of the present law was working satisfactorily in improving the standards of medical schools and in keeping out poorly qualified graduates.

"In the afternoon four sections were in session: Surgery, Medicine, Urology and Dermatology, and Eye, Ear, Nose, and Throat. The full programs in these sections nicely filled out the afternoon. In the evening the House of Delegates met and devoted its time to hearing reports and to a considerable discussion of the fee for insurance (life, not fire) examinations. The minutes of this session, together with the reports handed in, are not destroyed, but are somewhere near the Cliff House, and eventually will be published.

"Everything promised an unusually harmonious and profitable meeting. Unfortunately, our plans were not well adapted to those of the remainder of the universe. At 5:14:48 on the morning of the 18th, the city was wrecked by an earthquake which lasted but forty-eight seconds. This, to those in other places, is now but ancient history, but to those of us who went through that and all the following days of horror, it will never become ancient. Fire broke out in unnumbered places immediately after the shock, and as nearly all the water supply mains had been broken, what the shock began the fire completed.

"Shortly after 9:30 a. m. on Wednesday, the president, Dr. R. F. Rooney, the secretary, Dr. Philip Mills Jones, and Drs. James H. Parkinson and H. Bert. Ellis gathered on the steps of the wrecked Y. M. C. A. building and declared the Society adjourned *sine die.* The Secretary made three trips to the office, on the third floor, and saved the account books, minutes of the Council, and minutes of the House of Delegates, together with some miscellaneous papers hastily gathered together. All advertising contracts, current vouchers, etc., are in a safe deposit vault, perfectly intact. When or where the next meeting of the Society will be held, no one knows; probably a meeting of the delegates will be called in due time. Even the whereabouts of the president, Doctor Rooney, are unknown to the secretary.

"Some buildings were burning fiercely within fifteen minutes after the shock, and within twelve hours one-half the city was a solid mass of fire. So fast did it spread that the fire raged as fiercely, seemingly, for blocks behind the fire line as it did immediately in the zone of devastation. In places it spread so fast that those escaping were caught and had to abandon the few effects they were endeavoring to remove. In the streets on the hills, which were considered safe, whole trainloads of personal effects and household goods were burned.

"It is in considering the small personal things that the absoluteness of destruction makes itself felt. One's bunch of keys, for instance. The office-building key—throw it away, the building is no more, and so the office key, and the desk, and the office closet. Next comes the house-door key—it, too, is useless, as well as the trunk keys. The club keys, too, can go, for the clubs are gone already. Shall I telephone? There is no such thing! Would I have a glass of water? In more than four-fifths of the city there is not a drop. On every side there is nothing but burned ruin and torn and twisted streets. Yet already are plans for rebuilding made; tracks for removing débris are laid into the heart of the ruins, and later, materials for the construction of a new heart of a new San Francisco will be brought in on them."

* * *

To those physicians of California, however, who were in San Francisco on April 17 and the days that followed, the stories given in the recent letter of Dr. William Thornwall Davis, and the excerpts taken from the four-page *Official Journal* issue of May, 1906, should bring back the vivid memories.

For instance, the writer still visualizes the group of physicians from cities in the southern part of the State, who on Tuesday morning, the 18th of April, about the hour of nine o'clock, gathered in Union Square Park, opposite the Hotel St. Francis, debating what to do next. It was agreed that it would be wise to lay in a stock of provisions and then go out and set up camp in Golden Gate Park. Dr. John C. King of Banning (who became president of the California Medical Association in 1910 and who is now the ranking senior ex-president, residing in Pasadena) volunteered to hire a wagon and lay in a supply of food. While he was engaged in this search, most of the group (among others the late Dr. Fitch C. E. Mattison of Pasadena, who became president in 1913) were seated at the base of the Victory Monument in the Park. The dash for open spaces when some secondary tremors caused the tall column to begin to sway is a picture not soon to be forgotten.

Mention may also be made of the fact that, on Tuesday afternoon, April 17, many members of the State Medical Association—of whom the writer was one—were seated in the auditorium of the old Y. M. C. A. on Mason Street. In the room where those meetings were being held, on the fateful morning of the 18th the roof fell in. Had the earth's tremors occurred on Tuesday afternoon, when the auditorium was crowded with physicians, instead of at five o'clock the next morning, a large number of physicians would undoubtedly have been killed, and the pages of the history of medicine in California during the next two or three decades would have presented other names than now appear on the rolls.

* * *

In concluding these comments, it may be added that the State Association's Committee on History, which works through the Association office at 450 Sutter Street, San Francisco, will welcome communications, memorabilia, and other information concerning the events of 1906 and other periods.

CLINICAL NOTES AND CASE REPORTS

HEMOCHROMATOSIS

REPORT OF AN EARLY CASE

By MORRILL L. ILSLEY, M. D.
Claremont

THIS case, though the patient died of cardiorenal failure, nevertheless shows many of the typical findings characteristic of the syndrome: hemochromatosis.

REPORT OF CASE

H. B. A., born in 1873, passed away on July 27, 1939, of chronic myocarditis, chronic nephritis; mitral insufficiency being a contributory cause.

The patient was not at all clear about his early history. He remembered that in 1898 he had a very severe case of typhoid fever. He was ill for six weeks with this disease. He may have had scarlet fever. He had the usual childhood diseases. He had a very severe attack of influenza in 1897, and since that time he has had many subacute attacks. He remembered having had a very thorough examination in Lincoln, Nebraska, twenty years ago, and the physician stated that he had a normal heart at that time. He had sinus trouble for years. There have been no accidents. There was no surgery. No lung trouble (I asked him this specifically, since his wife is a tuberculous patient.) There has been no gastro-intestinal trouble; no genito-urinary trouble. No joint trouble. His extremities have been cold and the circulation impaired for at least ten years.

History.—The following is an account of the patient's troubles since I have been caring for him. This has been very occasionally, due to his propensity for seeking chiropractic aid. I first saw him on May 6, 1934, at which time he had frequent stools, no blood, generalized headache. He was then under treatment from Doctor McBurney of Pomona for sinus involvement. He had no complaints of heart or lung trouble. Nocturia one time. He stated that there has been trouble with his toes since 1930; he could not control them and they felt cold all the time; there was a form of anesthesia. There were frequent internal pains in the right hip. There was itching in the groin for a long period of time. At Scripps Metabolic Clinic he had an examination in 1933, at which time they gave him a very grave prognosis from a circulatory standpoint. The pigment was present on the anterior portion of the legs even then, but I did not recognize its significance.

I saw him again on February 21, 1935, at which time he had an acute respiratory trouble, with a rise in temperature of 101 degrees.

On March 30, 1938, I was called to see him because of repeated attacks of "influenza." At this time he had Vincent's angina. Cheyne-Stokes respiration was also bothering severely at the time. He was troubled with spells of weakness and had a great deal of intestinal gas. He had been having spells of diarrhea every eight or ten days. He complained of malaise and "inner collapse" at this time.

He stated that he had what he called migratory neuralgia in the foot, ankle, knee, elbow, head, back, and fingers. He had pain down his left arm during this attack of "influenza." He had been having edema of the ankles, with night sweats. Dyspnea was present, also orthopnea for the past several years. Nocturia two times during this period. He had lost 15 pounds since January. He had taken no exercise during the past year. Weight then was 162¾ pounds; height, 70 inches; blood pressure, 158/126. The eyes were bulging at this time, giving the appearance of a hyperthyroid case. The urine showed three plus albumin. Two blood chemistry determinations had been made as follows:

	Mar. 14, '38 (mgm.)	*Apr. 27, '39 (mgm.)*
Creatinin	1.37	1.8
Urea nitrogen	27.9	26.8
Nonprotein nitrogen	40.0	39.9
Sugar	104.8	

The electrocardiogram, taken on March 30, 1938, showed tachycardia, left axis deviation, a PR interval of 0.20 second, a QRS interval of 0.10 second, notching of QRS segment in all four leads.

Subsequent Course.—On April 1, 1938, the patient had a right antrum infection. His white blood count was 9,200; red blood count, 5,900,000; hemoglobin (Sahli), 84 per cent; blood pressure, 156/122. The pulse rate on April 11 was 108, with no rise in temperature. The liver margin was not below the costal margin at that time. The loud systolic murmur, which was present at least as long as I had been seeing him, persisted during the entire course of the illness. On June 4, 1938, he had another attack of nausea and vomiting. On September 24, 1938, he noticed impaired circulation below the knees. There was no edema present and no urinary symptoms. Night sweats bothered occasionally at this time; nocturia one time. Weight, 148¾; blood pressure, 144/98. On October 22, 1938, the patient had an attack of coryza. From that time until his death the bowel complaint ceased, excepting for a slight reappearance, on November 9. At this time he complained of precordial distress, and this was the only time I was able to persuade the patient to go to bed during his entire illness: he became so ill in June, 1939, that he finally consented. There was a most persistent nosebleed in November. On February 14, 1939, his weight was 146½. At this time he had a headache in the frontal sinus region. There was very definite distress in the right ankle joint. There was an irregularity in the pulse rhythm at this time. With the help of colchinin, an attack of gout in the left great toe was aborted in March, 1939: this attack was probably due to the use of xanthin derivatives in treatment. The course of the disease from June, 1939, was typical of a failing cardiorenal system. Cheyne-Stokes respiration was constantly present, and intravenous injections of aminophyllin failed to break the cycle. It was about June 26, 1939, that I first considered that hemochromatosis complicated the case. His liver margin could be felt below the costal margin since March, 1939. The pigment was noticed around the nail beds, and also extending from the hands up to the midportion of the forearms; in this region the pigment was not discrete. On the legs there were numerous spots of this same rusty iron-hued pigment. The urine, however, never showed the slightest trace of sugar; however, the presence of albumin and casts constantly increased in amount as the case progressed. As stated, the patient died on July 27, 1939.

Autopsy Findings.—The autopsy was performed by Dr. L. W. Case of Pomona. The gross findings were as follows: Edema was generalized, but especially noticeable in the extremities. The liver weighed 1530 grams. The cecum and bladder were both attached to the abdominal wall with dense adhesions, and Doctor Case thought he must have had serious trouble with his appendix at some time. The stomach was moderately distended with fluid. The bladder was somewhat distended with urine. The left lateral lobe of the prostate was definitely enlarged. The scrotum was edematous. The right kidney weighed 200 grams and the left, 220 grams; both were abnormal. The spleen weighed 205 grams. The right lung weighed 555 grams, and showed red hepatization of the lower lobe. The left lung weighed 450 grams, and it, too, showed red hepatization of the lower lobe (the left was more advanced). The heart weighed 640 grams; the tricuspid valves were normal; there was marked atheroma of the aorta; the mitral valve was badly thickened with white scarred tissue; there was hypertrophy of the left heart. There was no fluid in the pericardial sac. The coronaries were not excessively sclerotic. The skin showed the peculiar rusty iron pigment previously described, and this was particularly distributed on the forearms and legs. It was interesting to see the halfmoon-shaped distribution about each nail bed of the hands. Doctor Case reports the microscopical findings as follows: Microscopic study of sections of the liver shows a rather diffuse necrosis of the liver cells especially noticeable about the efferent veins of the lobules. There is an irregular infiltration of the tissue with small lymphoid cells, but no evidence of active inflammatory reaction. There is only slight increase in the amount of fibrous connective tissue, the amount not being enough to give a picture of true cirrhosis. Sections of the kidneys reveal moderate sclerosis of the larger blood vessels, and thickening of the walls of the arterioles, and of the capillary basement membrane of the glomerular tufts. There is also some thickening of Bowman's capsule. There is a diffuse cloudy swelling and moderate desquamation of the tubular epithelium, and an irregular infiltration of small, lymphoid cells. Sections of the liver and kidneys stained with potassium ferrocyanide solution show the presence of a small amount of hemosiderin pigment irregularly scattered throughout the tissue.

COMMENT

In a personal communication from Dr. Charles A. Doan, he states: "In so far as I know, the finding of hemosiderin in cells other than the Kupfer or comparable cells of the so-called reticuloendothelial system represents a true pathologic finding. Of course, we now believe that the connective tissue phagocytic cells, normally as well as pathologically, phagocytize red blood cells and break them down into hemosiderin and hemotoidin; the former to be conserved with its iron content for the resynthesis of new hemoglobin, the latter making up the bile pigments. Therefore, the finding of hemosiderin pigment scattered in liver and kidneys within the parenchymatous cells, and not just in macrophages, would be, I should feel, sufficient evidence for establishing a presumptive diagnosis of early hemochromatosis."

1111 Indian Hill.

Unsung Guardians of the Nation's Health.—From the moment when we urban dwellers take in our bottles of milk, through every single activity of the day and even when we sleep at night, we are being guarded, watched, and protected from danger and disease of which we are quite unaware. That the water on our tables is pure, that our sewer systems function properly, that when we walk on the streets we do not come in contact with communicable diseases, that when we dine at restaurants our food is hygienically prepared and served—all these we take for granted as our inalienable right and are inclined to resent the taxes which go to pay for them. Countless unsung millions of the laboratory have struggled to bring about this happy state of affairs, and countless others are still toiling on our behalf. —Dr. Victor Heiser in *You're the Doctor.*

Hard and Soft Water.—There is no evidence that the hardness or softness of ordinary drinking water has any appreciable influence on arthritis, gall-stones or intestinal disorders, *Hygeia, The Health Magazine* declares in answer to an inquiry.

The use of soft water for the skin may be preferable because it increases the purifying action of soaps, producing lather with less free alkali, and thus protecting the skin against the removal of its natural oils.

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

HARRY H. WILSON.....President
HENRY S. ROGERS.....President-Elect
LOWELL S. GOIN.....Speaker
PHILIP K. GILMAN.....Council Chairman
GEORGE H. KRESS.....Secretary and Editor

INDEX

OFFICIAL BUSINESS

Concerning the Central Office: Report of Special Committee*

During the last several years the Central Office of the Association has been called upon not only to care for a steadily increasing burden of extra work incident to growth in membership, and institution of new activities such as postgraduate conferences, but has been obliged to meet the demands of much extra service associated with such special problems as compulsory health legislation, the organization of California Physicians' Service, and a Basic Science Law.

The additional executive responsibilities involved in the larger routine and additional extra work which were thrust upon the Central Office, fell upon the shoulders of the Association Secretary-Treasurer and Editor who, in addition to those duties, was also acting director of the Department of Public Relations, secretary of the Committee on Postgraduate Activities, chairman of the Committee on Scientific Work in charge of both the scientific and commercial phases of the annual sessions, and who likewise functioned as the business manager of the official journal, CALIFORNIA AND WESTERN MEDICINE. It should be evident that these multitudinous and yet important tasks were more than one man should have been called upon to carry.

At Coronado the House of Delegates, therefore, instructed the Council to develop and institute plans through which the Association work could be better divided. A special committee, consisting of the Council Chairman, the President, and the President-Elect of the Association, was appointed by the Council to work out the details of proposals suggested in discussions within the Council and to put into operation changes that had been agreed upon by the Council.

This Special Committee, with the sanction of the Executive Committee and Council, hopes it has solved its major problems through the appointment of an executive secretary, who will relieve the Association Secretary-Treasurer and Editor of some of the extra duties that have been demanded from him during the last several years.

The newly elected executive secretary, Mr. John Hunton of San Francisco, formerly associated with the Pacific Coast edition of the *Wall Street Journal*, will become the business manager of CALIFORNIA AND WESTERN MEDICINE, will be in charge of all business matters and supervision in the Central Office, will be the director of Public Relations, and act in close relationship with the Committees on Public Policy and Legislation and Public Health Education, and will assume such additional duties as may be delegated to him by the Council.

The Association Secretary-Treasurer will act as secretary to the Council and Executive Committee, as provided in the constitution, will be the editor of the official journal, CALIFORNIA AND WESTERN MEDICINE, will be in charge of the scientific phases of the annual sessions, will act as secretary of the Committee on Postgraduate Activities, will visit county medical societies with other officers, will promote exhibits at state and county fairs, will compile material for a history of the medical profession of California, and will perform such other duties as may be delegated to him by the Council and Executive Committee.

The arrangements indicated above have been made to the mutual satisfaction of all concerned and without any increase in expense to the Association. The executive secretary, Mr. John Hunton, assumed his duties on October 1.

The Special Committee in charge of these changes submits the above for the information of the component county societies and members, and bespeaks for the Association secretary-treasurer and editor, Dr. George H. Kress, and the newly appointed executive secretary, Mr. John Hunton, continued and generous coöperation. For the information of members who may be interested, some biographical notes are appended, concerning the training backgrounds of Doctor Kress and Mr. Hunton.

Respectfully submitted,

SPECIAL COMMITTEE ON CENTRAL OFFICE SURVEY.
Philip K. Gilman, *Chairman.*
Harry H. Wilson.
Henry S. Rogers.

* * *

Biographical Data: George H. Kress, M. D., Secretary-Treasurer of California Medical Association, and Editor of "California and Western Medicine"

Birthplace: Cincinnati, Ohio.

Education: University of Cincinnati (B. S., 1896; M. D., 1899). Interne, Good Samaritan Hospital, Cincinnati, 1900. Assistant Surgeon, National Military Hospital, Dayton, Ohio, 1901-1902. California licentiate, 1903. Graduate work, University of Vienna, 1912 and 1921. Specialty: Eye, ear, nose, and throat.

† For complete roster of officers, see advertising pages 2, 4, and 6.

* For editorial comment, see page 205.

Los Angeles County Medical Association: Secretary, 1910-1918. Later, for some years, member of its Council. Ex-president. One of founders of its Certified Milk Commission, and for twenty-five years its secretary, also ex-chairman of same.

California Medical Association: Elected to Council in 1907, and reëlected until 1927 when, as editor, became ex-officio councilor, to date. President, California Medical Association, 1917. Editor, CALIFORNIA AND WESTERN MEDICINE, March, 1927, to date. Secretary-Treasurer, July 1, 1938, to date.

American Medical Association: For some years a member of its House of Delegates. A vice-president in 1919-1920.

Miscellaneous Medical Affiliations:

Publications: For some years, editor: "Southern California Practitioner"; "Bulletin of California Association for Study and Prevention of Tuberculosis"; "Bulletin of Los Angeles County Medical Association." Author, "History of the Medical Profession of Southern California," 1911 (209 pages). Miscellaneous papers on medical topics.

California State Board of Public Health: For some years a member of the California State Board of Public Health (during administrations of Governors Rolph and Merriam; resigned on July 1, 1938.) For some years: chairman of Advisory Medical Board of Health Department of County of Los Angeles; member of Medical Board of Major Disaster Council of City of Los Angeles.

Tuberculosis: For some years: attending physician for nose and throat at Barlow Sanatorium; chief of staff, Los Angeles Helping Station for Tuberculosis. Ex-secretary and ex-president, Los Angeles and California Societies for Study and Prevention of Tuberculosis. Chairman of California State Survey Commission on Tuberculosis, 1913 (Commission brought into being State Bureau of Tuberculosis, and State subsidies to county sanatoria of proper standard). Recipient of gold and silver medals, two pamphlets in educational leaflet contest, International Congress of Tuberculosis, Washington, D. C., 1910.

Dispensaries and Hospitals: For some years: chief of staff of Selwyn Emmet Graves Memorial Dispensary of Los Angeles; member of senior staff and staff secretary, California Hospital of Los Angeles. At Los Angeles County Hospital, member of senior staff on eye service, 1912-1938, and chief of eye staff, same period. Also, member of Los Angeles County Hospital Medical Board, same period. Surgeon in charge, U. S. C. Student Army Training Corps, World War I. For some years: chairman of eye, ear, nose and throat committee, Department of Corrective Physical Education, Los Angeles City Schools. Recipient of silver medal, Ling Foundation, school health work.

Medical Schools: In College of Medicine of University of Southern California, professor of hygiene and secretary of faculty, 1906-1909. In Los Angeles Medical Department of University of California, secretary of faculty, 1909-1914; dean of the department, 1914-1938, resigning July 1, 1938, to become secretary-treasurer of California Medical Association. In College of Medical Evangelists, for some years, professor of ophthalmology, now emeritus professor in same.

Medical Societies: Member of Los Angeles County Medical Association; California Medical Association. Fellow, American Medical Association; Fellow, American College of Surgeons. Member, Los Angeles Clinical and Pathological Society (retired); American Board of Otolaryngology (cert.); member, Los Angeles Academy of Ophthalmology and Otolaryngology (ex-president); Pacific Coast Oto-Ophthalmological Society; American Academy of Ophthalmology and Otolaryngology; National Institute of Social Sciences. Ex-member of Board of Directors of Associated Hospital Service of Southern California.

* * *

Biographical Data: John Hunton, Executive Secretary of the California Medical Association

Born: Omaha, Nebraska, 1903.

Education: Public schools of Omaha, Chicago and Evanston, Illinois, 1908-1918. Graduated from Phillips Exeter Academy, Exeter, New Hampshire, 1921. Entered University of Nebraska, School of Business Administration, 1922; left class in 1924.

Business Experience: Advertising salesman for Chicago *Tribune* and *Architectural Forum*, 1924-1928; assistant director of public relations, Chicago Trust Company (and through merger, the National Bank of the Republic, Chicago), 1928-1931; sales manager, Petaluma Laboratories, 1932; assistant editor and business manager of *The California Banker* (published by California Bankers' Association), 1933-1935; reporter (six months) and city editor (five years) of Pacific Coast Edition, *The Wall Street Journal*, San Francisco, 1935-1940.

ABSTRACT OF MINUTES: CALIFORNIA MEDICAL ASSOCIATION COUNCIL*

Minutes of the Two Hundred and Eighty-Ninth (289th) Meeting of the Council of the California Medical Association

Held in the Auditorium of the Los Angeles County Medical Association, 1925 Wilshire Boulevard, Los Angeles, Sunday, October 6, 1940, at 10:30 a. m.

1. **Roll Call.**

Present: Councilors Gilman (chairman), Wilson, Goin, Rogers, Cass, Emmons, McClendon, Maner, Packard, Kneeshaw, Cline, Hamlin, McDonald, Green, Anderson, Dewey, Moody, Best, and Kress. Absent: Councilors Dukes and Powell.

2. **Minutes.**

Minutes approved included: (*a*) Minutes of meeting of the Council held on June 29, 1940; (*b*) Minutes of meeting of the Executive Committee held on September 15, 1940; (*c*) Minutes of the meeting of the Committee on Public Relations held on September 15, 1940.

3. **Membership.**

(*a*) A report on the present membership of the Association was given by the Secretary, showing 6,508 active members, one honorary member, ninety-three retired members, and four associate members.

(*b*) Applications from component county societies for retired membership for Arnold Burkelman, Los Angeles; William Malone, San Francisco County; and Ferdinand Stabel, Shasta County, were presented and approved.

(*c*) All 1939 Association members whose dues had been received by the California Medical Association since the June 29, 1940, Council meeting were reinstated into membership. Carried.

(*d*) The Council approved the procedure requiring all applicants for membership to fill a State Association blank, same to be forwarded to the State Association office for the archives.

4. **Placer County Medical Society.**

Request of the Placer County Medical Society for a change of name to the Placer-Nevada-Sierra County Medical Society was granted. . . .

5. **Annual Session.**

The Council approved a plan to allocate a place on the opening morning program of the next annual session to discussion of problems of the State Board of Public Health.

6. **Financial.**

(*a*) Report of the Association Treasurer on September income and expense items and on balances in bank accounts as of October 3, 1940, were presented and accepted. It was stated that present indications were that income for this calendar year would exceed the budget estimate by about $7,000, and that expenses on budgeted items might be $7,000 less than the authorized allocations, making a possible total saving of about $15,000 on the calendar year. Any deficit would be due to unforeseen and nonbudgeted items such as loans to California Physicians' Service. . . .

(*c*) Legal Counsel Peart was reauthorized to proceed with suit against the Government for refund of excise taxes and penalties paid by the Association for the years 1936, 1937, 1938, 1939, and 1940.

(*d*) The establishment of savings accounts for the Herzstein Bequest Fund of the California Medical Association in the Wells Fargo Bank and Union Trust Company and of the California Medical Association Permanent Endow-

* A mimeographed copy of the complete minutes has been sent to the secretaries of the county medical societies for the files of the component county units. Additional copies, for inspection by any member interested, are on file in the central office of the State Association, 450 Sutter, San Francisco.

ment Fund in the Bank of America, Humboldt branch, was approved.

(*e*) The Association Treasurer reported that the income for the calendar year 1940 would probably exceed the budget estimates by about $7,000. Also that the expenditures for maintenance expenses as covered by budgeted items might be about $7,000 or so less than the sums allocated or permitted in the budget. Therefore, the increased income and lesser expenditures might approximate a saving of something like $14,000 for the calendar year. Any excess in expenditures for the year would be due to unforeseen, that is, to nonbudgeted items, such as loans to California Physicians' Service.

(*f*) It was moved, seconded and approved, that the "Trustees Of The California Medical Association" be requested to withdraw certain funds from their savings accounts, and to loan the same to the California Medical Association.

(*g*) It was moved by Lowell S. Goin, seconded by E. Earl Moody, and carried, that the pension granted Miss Lucile T. Bradford be set at $40 a month for the fiscal year.

(*h*) A loan of $5,000 to California Physicians' Service by the California Medical Association was reported.

7. Indemnity Defense Fund.

The Secretary reported on assignments of interest, and consents to distribute moneys of the Indemnity Defense Fund; the same being in response to a letter that had been mailed to 117 members of the Fund from whom assignments had not heretofore been obtained.

8. Basic Science Law.

The Committee on Public Relations reported on the fourth draft of the basic science initiative, and stated that the Legal Counsel was now making some minor changes in legal phraseology. Also, that it was hoped the two state dental associations and three dental schools would reach early decisions on the possibility of including the profession of dentistry in the Act.

It was hoped to have the revised fourth draft in early form to permit its submittal to the Attorney-General of California for a title. The authorization of the title is a necessary prerequisite to circularization of petitions for signatures of voters.

9. Committee on Public Health Education.

Dewey R. Powell, Stockton, submitted his resignation as a member of the Committee on Public Health Education. Accepted with regret.

10. Committee on Public Policy and Legislation.

Junius B. Harris of Sacramento submitted his resignation as a member, and as chairman of the Committee on Public Policy and Legislation.

It was moved, seconded and carried, that the Council accept with regret, and with thanks for past services, the resignation of Doctor Harris as a member of the Committee on Public Policy and Legislation.

Dr. Dwight H. Murray of Napa was appointed a member of the Committee on Public Policy and Legislation to fill the vacancy, and also as chairman of the Committee.

11. Delegates to the American Medical Association.

The Association Secretary informed the Council that because of the increased membership of the California Medical Association, it is now entitled to one more delegate to the American Medical Association.

Henry S. Rogers was elected as the additional American Medical Association delegate for the year 1941, and Philip K. Gilman was elected as his alternate.

12. Medical Preparedness.

(*a*) Philip K. Gilman, Chairman of the California Committee on Medical Preparedness, and Charles A. Dukes, member of the California State Council of Defense, reported on medical preparedness plans.

13. Survey of Association Offices.

At this point the Council went into executive session, with John W. Cline as acting secretary. The minutes of the acting secretary for this session are as follows:

"Chairman Gilman reported concerning the method of selection of Mr. John Hunton as executive secretary of the California Medical Association. He stated that the salary offered by the Committee and accepted by Mr. Hunton would be $350 per month for the months of October, November, and December, 1940. He further stated that the matter of Mr. Hunton's salary would be taken up at the January meeting of the Council and adjustment be discussed at that time. He asked that the Council ratify the action of the special Committee and the Executive Committee concerning the employment of Mr. Hunton.

"It was moved, seconded and carried, that Mr. John Hunton be employed as executive secretary of the California Medical Association at a salary of $350 per month for the months of October, November, and December, 1940, and that his salary be reconsidered at the January meeting of the Council, with the intent to revise it upward if his services had proved satisfactory.

"A protracted discussion of the definition of the duties of the Secretary and the Executive Secretary took place.

"It was moved, seconded and carried, that the Special Committee, consisting of Gilman, Rogers, and Wilson, continue their study and submit a report of the entire reorganization plan in full detail at a special meeting of the Council to be held on October 20, 1940, in San Francisco.*

"It was moved, seconded and carried, that the Council approve the tentative outline of delineation of duties of the Secretary and Executive Secretary, and that the Chairman of the Council be instructed to inform the Secretary and Executive Secretary concerning their respective duties and powers at once.

"A plan for contract publication of CALIFORNIA AND WESTERN MEDICINE was discussed in some detail. The Special Committee of Gilman, Wilson, and Rogers was instructed to study this plan further and report to the special meeting of the Council, October 20, 1940.

"The resolution dealing with the creation of an editorial board was discussed. It was moved, seconded and carried, that the Chairman of the Council appoint a committee of three to consider this resolution and render a report to the Council at its special meeting of October 20, 1940."

14. Associated Hospital Service of Southern California.

Discussion was had of a new type of policy issued by the Associated Hospital Service of Southern California since August, 1939, covering x-ray diagnostic service, in addition to regular hospital services. The conflict of this type of policy with professional services offered under California Physicians' Service was discussed, and the question of the California Medical Association withdrawing its approval of Associated Hospital Service of Southern California was brought up.

It was moved by Lowell S. Goin, seconded by Harry H. Wilson, that the Council withdraw its approval of Associated Hospital Service of Southern California by December 1, 1940, unless changes in the hospital service contract were made to meet the requirements of the California Medical Association. Carried.

It was moved by Axcel E. Anderson that a committee of three members be appointed by the Chairman, to be available to discuss with the hospital association the question of offering for sale professional services.

An amendment to this motion was offered by John W. Cline that two more members be appointed to this com-

* By mail vote, the Council decided not to hold the meeting on October 20.

mittee from the northern part of the State, and that this committee be instructed to make a survey and bring in a report on all nonprofit hospital associations in the State. The amendment was accepted by Doctor Anderson and the motion was seconded and carried.

The Council Chairman appointed as the committee: Donald Cass, Chairman; Edward B. Dewey, Pasadena; E. Earl Moody, Los Angeles; Elbridge J. Best, San Francisco; and Henry Rogers, Petaluma.

It was moved by Harry H. Wilson, seconded by Axcel E. Anderson, and carried, that the decision of the Committee on nonprofit hospital association and of the Council in the case of the Associated Hospital Service of Southern California be conveyed diplomatically to the Insurance Association of Approved Hospitals (Alameda County).

15. **Los Angeles County General Hospital.**

E. Earl Moody told of the appearance before the Los Angeles County Board of Supervisors of a committee from the Los Angeles County Medical Association, at which time the supervisors were asked to place the medical activities of the Los Angeles General Hospital, Olive View Sanatorium, and the County Poor Farm, under the direction of a physician or a group of physicians.

The Council was asked to go on record in favor of medical control of medical activities of these institutions. Approval was given.

16. **Department of Public Health.**

A letter from the Los Angeles County Medical Association requested that the Council endorse a program of the State Department of Health for securing promises of retail druggists to free their shelves of all remedies advertised for the self-treatment of venereal diseases. Approval given.

17. **Child Welfare Clinics.**

Dr. John W. Green reported on the opening this fall of a Child Welfare Clinic in Vallejo, under control of local health officers and under the auspices of the Vallejo Women's Club. . . .

21. **California Physicians' Service.**

The Secretary reported that California Physicians' Service has advised that its beneficiary membership now totals 17,400 and that the agreed upon deduction from membership fees is now sufficient to pay the organization's maintenance expenses.

22. **Indemnity Defense Fund.**

Mr. Peart reported that all documents had been prepared and sent to the Trustees of the Indemnity Defense Fund and that copies of these documents would be forwarded to Lemuel P. Adams* on his return from Oregon.

23. **Association of California and Western Hospitals.**

An invitation from the Association of California Hospitals requesting the California Medical Association to send a representative to the Hospital Association's meeting at Fresno, November 9–10, 1940, was read and accepted. . . .

30. **Date of Next Council Meeting.**

The date of the next regular meeting of the Council was left in the hands of the Chairman, who announced tentatively that it would be called about the third or fourth week in February, when information on health measures presented at the opening session of the state legislature would be available.

32. **Adjournment.**

PHILIP K. GILMAN, *Chairman.*
GEORGE H. KRESS, *Secretary.*

* Lemuel P. Adams died suddenly on October 27, 1940.

ABSTRACT OF MINUTES: CALIFORNIA MEDICAL ASSOCIATION EXECUTIVE COMMITTEE

Minutes of the One Hundred Seventy-First Meeting of the Executive Committee of the California Medical Association, Held in San Francisco, Monday October 21, 1940

1. **Roll Call.**

Present: Doctors Dukes (chairman), Rogers, Gilman, Cline, Cass, and Kress. Absent: Doctors Wilson and Goin.

2. **Minutes.**

Minutes of the meeting held on September 15, 1940, were approved.

3. **Financial.**

(*a*) The financial report was submitted by the Association Treasurer, as per weekly report, dated October 21, 1940. Placed on file.

(*b*) The Treasurer reported that authority had been granted by the Trustees Of The California Medical Association to lend to the California Medical Association certain portions of the deposits mentioned in the weekly report dated October 21, and listed under Item 9: (*a*), (*b*), and (*c*). It was stated the total amount of the loan would be $8,303.07.

(*c*) The Association Treasurer reported that the income for the calendar year 1940 would probably exceed the budget estimates by about $7,000. Also that the expenditures for maintenance expenses as covered by budgeted items might be about $7,000 or so less than the sums allocated or permitted in the budget. Therefore, the increased income and lesser expenditures might approximate a saving of something like $14,000 for the calendar year. Any excess in expenditures for the year would be due to unforeseen, that is, to nonbudgeted items, such as loans to California Physicians' Service.

4. **Membership.**

(*a*) Membership status as of date of October 21 was reported. The total number of members as of good standing is 6,542, this figure being inclusive of 413 physicians who had become new members in the year 1940.

(*b*) The Executive Committee voted that component county medical societies should request applicants for membership to fill in the California Medical Association application form, even though a component county society used a blank of its own for its separate files. Also that the State Association form should be forwarded to the Central Office in San Francisco for placement in the Association files in order that adequate biographical and other data of every member may be on record.

5. **Survey of Association Offices.**

The special committee that was appointed by the Council, consisting of Council Chairman Gilman, President Wilson, and President-Elect Rogers, to which had been deputized the responsibility of making the necessary changes in the Central Office, in relation to the delineation of respective duties of the Secretary-Treasurer and Editor, and the Executive Secretary, reported through Council Chairman Gilman, and submitted a letter dated October 14, which had been sent to Secretary-Treasurer and Editor Kress and Executive Secretary John Hunton. Chairman Gilman reported that the arrangements had been harmoniously made, and to the satisfaction of all parties concerned.

It was voted that the action of the Special Committee be approved by the Executive Committee; and further, that the Council Chairman authorize a mail vote of the Council concerning the arrangements that had been made. Council Chairman Gilman also spoke of the proposed letter of information on the changes it was proposed should be sent to the component county societies; and also, of a

statement that would appear in the November issue of CALIFORNIA AND WESTERN MEDICINE.

6. **Committee on Medical Preparedness.**

(*a*) The Chairman of the California Committee on Medical Preparedness, Dr. Philip K. Gilman, spoke of the work now under way in the Central Office of the Association, whereby all California physicians who had not sent in their questionnaire blanks to the California Medical Association would be circularized.

(*b*) Dr. Charles A. Dukes, medical member of the California State Council on Defense, reported on the plans under way in relation to the Ninth Corps Area Induction Board, the twenty district boards, and the 283 local boards. The lists of physicians on these respective boards will be printed in the November issue of CALIFORNIA AND WESTERN MEDICINE (see page 224).

7. **Basic Science Initiative.**

Dr. Donald Cass reported that the Committee on Public Relations had practically completed its work on the proposed Basic Science Law, but the Executive Committee should act upon some of the provisions that were still under discussion. Report was made concerning the conferences with representatives of the dental profession and with other organizations. It was stated that the groups who had been interviewed were practically all in favor of the proposed law, even though a goodly number of modifications had been suggested.

The proposed changes to the fourth draft of the basic science law were discussed in considerable detail by Doctors Cass, Rogers, Cline, Gilman, Dukes, Wilbur, and Kress, and by Messrs. Peart, Hassard, and Read.

Upon motion by Doctor Cass, and seconded by Doctor Cline, it was voted that Dr. Dwight Wilbur, Chairman of the Subcommittee on Basic Science Law, be authorized to proceed with Mr. Hassard in making the final changes of the proposed law, with authority to consult Chairman Donald Cass and also others, if deemed desirable.

8. **Associated Hospital Service of Southern California.**

Minute No. 15 of the Council minutes of the meeting of October 6, 1940, was read by Chairman Philip K. Gilman. A general discussion followed on whether it was desirable to have a mandatory date of December 1, 1940, stipulated as the date of expiration of time at which certain changes must be made in policies issued to beneficiary members by the Associated Hospital Service of Southern California and of other nonprofit hospital organizations. The matter was considered not only from the standpoint of the principles involved, in so far as the same related to maintaining the integrity of medical services, and as being separate and distinct from hospitalization services and contracts. Considerable comment was also made concerning the possible effect of the proposed action upon the interests and development of California Physicians' Service.

Dr. Donald Cass, Chairman of the Special Committee of Five (Donald Cass, Edward B. Dewey, E. Earl Moody, Elbridge J. Best, and Henry S. Rogers), which had been appointed by the Council, stated he had communicated with the members of his committee and that they were in accord with the fundamental principles concerning medical service as outlined by the Houses of Delegates of the American Medical Association and the California Medical Association, but that the Committee was in doubt whether it had power to act further than to make a report. Doctor Cass stated he felt that the date limit of December 1, 1940, would not give sufficient time to carry on the negotiations that might be necessary.

Upon motion made by Doctor Cass, and seconded by Doctor Cline, it was voted that the Executive Committee approve an extension of time, and that the Chairman of the Council be requested to authorize a mail vote of the Council on the proposition that the Committee be granted an adequate extension of time beyond December 1, 1940, in which to conduct its negotiations, the Committee then to report to the Council. . . .

10. **Legal Department.**

A letter from a citizen of Visalia, in Tulare County, was read. Legal Counsel Peart reported thereon. It was suggested that a copy of the letter might be sent to the secretary of the Tulare County Medical Society and also to the physicians whose names had been mentioned in the communication. It was felt that the matter involved concerned local rather than state jurisdiction.

11. **Socialized Medicine.**

A letter from Dr. Don Weaver of Oakland, on the importance of educating members of the nursing profession concerning the significance of socialized medicine, was read.

The subject was referred to the Committee on Public Health Education for further study and possible action.

12. **Malpractice Defense.**

(*a*) A communication from D. T. Lundquist concerning the importance of working out methods of procedures concerning certain types of "expert witness testimony" was read. The Association Secretary was instructed to write Doctor Lundquist, informing him of the conferences that were being held on this subject between representatives of the Bar Association and Dr. Donald Cass, Chairman of the Committee on Public Relations.

(*b*) The Association Secretary called attention to the letter received from H. T. Woodward of Point Loma, in re the *Scott* vs. *McPheeters* case of Stockton, Doctor McPheeters having received in the said case the coöperation of the Medical Society of the State of California.

It was stated that the Medical Society of the State of California (Optional Medical Defense organization) had under consideration the correspondence between Dr. H. T. Woodward and the Legislative Counsel of the State of California in which certain amendments to the Civil Code in re rights of an unborn child were being proposed. In due course, these would be submitted to the California Medical Association Committee on Public Policy and Legislation. . . .

14. **"Grievance Committee."**

A letter having date of October 16, received from Dr. D. H. McNamara, Secretary-Treasurer of the Santa Barbara County Medical Society, was read. This letter had been previously referred to the legal counsel, Hartley F. Peart, who stated he would send to the Santa Barbara County Medical Society, the necessary information.

15. **Report of Chairman Gilman.**

For Council Chairman Philip K. Gilman, the Association Secretary reported on some telephone communications concerning contract and fee problems which had arisen in Monterey County. Council Chairman Gilman had decided that the matters at issue were in the nature of local problems and should be worked out by the component county society in Monterey, along such lines as in the judgment of the members of that unit were deemed best.

16. **Adjournment.**

CHARLES A. DUKES, *Chairman.*
GEORGE H. KRESS, *Secretary.*

"TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION"

Abstract of Minutes of a Special Meeting of the Board of Directors of the "Trustees Of The California Medical Association," Held in Los Angeles on October 6, 1940

1. Present: Philip K. Gilman (Chairman), Harry H. Wilson, Henry S. Rogers, Lowell S. Goin, John W. Cline, and George H. Kress.

2. Minutes of last previous meeting held on September 15, 1940, approved.

3. Report was made by the Secretary on the status of the various financial accounts and funds.

4. Report by the Secretary and Legal Counsel on membership and financial status of Indemnity Defense Fund. Authority was granted to the "Trustees Of The California Medical Association" to take over in due course the responsibilities of the present Trustees of the Indemnity Defense Fund (Doctors Lemuel P. Adams, Junius B. Harris, and Karl L. Schaupp).

5. Responding to opinion requested by the Secretary, Legal Counsel reported that all notes of California Physicians' Service for moneys loaned were in proper legal form, etc.

6. The officers of the "Trustees Of The California Medical Association" were granted authority to draw on three savings accounts held in the Bank of America, Crocker First National, and San Francisco Bank, but to leave at least $100 in each of the three accounts. Permission was granted to loan such portion thereof as might be needed to the California Medical Association.

7. Authority was given the proper officers of the "Trustees Of The California Medical Association" to borrow up to $10,000 additional from the Crocker First National Bank; and to loan the same to the California Medical Association should that Association find need and make request therefor.

8. Adjournment.

PHILIP K. GILMAN, *Chairman.*
GEORGE H. KRESS, *Secretary.*

CALIFORNIA COMMITTEE ON MEDICAL PREPAREDNESS

ROSTERS OF MEDICAL PERSONNEL ON VARIOUS SELECTIVE SERVICE BOARDS FOR CALIFORNIA*

In previous issues of the OFFICIAL JOURNAL, progress reports of the status of medical preparedness have been given, both in relation to the American Medical Association Committee on Medical Preparedness (Philip K. Gilman, M. D., San Francisco, Chairman for California) and for the California State Council of Defense (Charles A. Dukes, M. D., Oakland, member of Governor Culbert Olson's State Committee of Fifty).

It is now possible to present the complete lists as of date of October 20, for:

1. Appeal Boards;
2. Advisory Medical Boards of the twenty California districts; and
3. Doctors serving as medical examiners on the 283 local or community boards of California.

Rosters follow:

I

Doctors Engaged on Appeal Boards

Area 1—Eureka:
Walter W. Dolfini.....Eureka

Area 2—Redding:
Frank L. Doane.....Red Bluff

Area 3—Sacramento:
E. T. Rulison.....Sacramento

Area 4—Napa:
Robert S. Northrop.....Napa

Area 5—Stockton:
Jesse W. Barnes.....Stockton

Area 6—Oakland:
Arthur M. Smith.....Piedmont

Area 7—San Francisco:
Elwood R. Olsen.....San Francisco

Area 8—San Francisco:
Garnett Cheney.....San Francisco

Area 9—San Jose:
Joseph C. Cuneo.....San Jose

Area 10—Salinas:
W. H. Bingaman.....Salinas

Area 11—Fresno:
Clinton D. Collins.....Fresno

Area 12—Santa Monica:
Raymond Sands.....Santa Monica

Area 13—Burbank:
Robert A. Cunningham.....Pasadena

Area 14—Pasadena:
W. A. Swim.....Los Angeles

Area 15—Long Beach:
Francis Boas Settle.....Long Beach

Area 16—Los Angeles:
Alex A. Blatherwick.....Los Angeles

Area 17—Los Angeles:
Harlan Shoemaker.....Los Angeles

Area 18—Riverside:
Wayne K. Templeton.....Riverside

Area 19—San Diego:
Elmo G. Crabtree.....San Diego

Area 20—Santa Barbara:
Charles S. Stevens.....Santa Barbara

* * *

II

Doctors Engaged on Medical Advisory Boards

Area 1—Eureka:
Benjamin M. Marshall.....Eureka
Carl T. Wallace.....Eureka
W. J. Hoilien.....Eureka
Raymond Babcock.....Willits
Max J. Goodman.....Eureka
Joseph M. Brown.....Eureka
Joseph S. Woolford.....Eureka
Vernon L. Hunt.....Eureka

Area 2—Redding:
Charles Pius.....Yreka
Chester D. Sewall.....Redding
James McGuire.....Mt. Shasta
Roderick Thompson.....Red Bluff
R. W. Jones.....Yreka
Frederick H. Olberg.....Redding
Earnest Dozier.....Redding
F. B. Godbolt.....Red Bluff
V. W. Hart.....Yreka

Area 3—Sacramento:
Junius B. Harris.....Sacramento
F. N. Scatena.....Sacramento
Maurice W. Haworth.....Sacramento
Raymond M. Wallerius.....Sacramento
Burt F. Howard.....Sacramento
Nathan G. Hale.....Sacramento
Orrin S. Cook.....Sacramento
Charles F. Gray.....Sacramento

Area 4—Napa:
Harry V. Baker.....Napa
Dwight H. Murray.....Napa
Gilbert L. Patterson.....Santa Rosa
Fred D. Heegler.....Napa
Robert B. Dempsey.....Vallejo
Mark L. Lewis.....Petaluma
Catherine M. Quinlan.....Santa Rosa
Harold A. Jack.....Napa
H. Randall Madeley.....Vallejo

Area 5—Stockton:
Earl R. McPheeters.....Modesto
George K. Wever.....Stockton

* For editorial comment, see page 204.

J. A. Porter.....Modesto
George H. Sanderson.....Stockton
Fred J. Conzelmann.....Stockton
Hudson Smythe.....Stockton
Charles D. Holliger.....Stockton
C. B. Stabler.....Stockton

Area 6—Oakland:

H. W. Harding.....Oakland
A. A. Alexander.....Oakland
A. Galbraith.....Oakland
Harold Hitchcock.....Oakland
Sydney K. Smith.....Oakland
John A. Dougherty.....Oakland
Alfred C. Siefert.....Oakland
Harold G. Trimble.....Oakland
Henry C. Petray.....Oakland

Area 7—San Francisco:

Stanley Mentzer.....San Francisco
Edwin L. Bruck.....San Francisco
Robert C. Martin.....San Francisco
Delbert Hand.....San Francisco
V. H. Podstata.....San Francisco
Sidney Olsen.....San Francisco
Charles C. Fulmer.....San Francisco
T. H. Pohlmann.....San Francisco
Dohrmann K. Pischel.....San Francisco

Area 8—San Francisco:

William Washburn.....San Francisco
J. Marion Read.....San Francisco
Edward C. Fabre-Rajotte.....San Francisco
Merrill C. Mensor.....San Francisco
Mervyn H. Hirschfeld.....San Francisco
Tom E. Gibson.....San Francisco
Irving S. Ingber.....San Francisco
Chester W. Johnson.....San Francisco
Percival Dolman.....San Francisco

Area 9—San Jose:

R. S. Kneeshaw.....San Jose
C. Kelly Canelo.....San Jose
Paul T. Pace.....San Jose
J. Bernard Josephson.....San Jose
Pierce C. Barrette.....San Jose
Dudley P. Fagerstrom.....San Jose
Charles M. Richards.....San Jose
J. Earl George.....San Jose
P. T. Martin.....San Jose
Joseph P. Schell.....San Jose

Area 10—Salinas:

Fred R. Mugler.....San Luis Obispo
Ira B. Bartle.....San Luis Obispo
Wiley Reeves.....Salinas
Rollin Reeves.....Salinas
Mast Wolfson.....Monterey
Albert J. Trinkle.....Salinas
Harry Schultz.....Salinas
D. M. Hitchcock.....Salinas

Area 11—Fresno:

Robert W. Binkley.....Selma
Roland B. Tupper.....Fresno
G. W. Walker.....Fresno
D. I. Aller.....Fresno
S. S. Ginsburg.....Visalia
Guy Manson.....Fresno
W. H. McGehee.....Fresno
Leland R. Packwood.....Fresno
J. R. Walker.....Fresno

Area 12—Santa Monica:

M. A. Desmond.....Santa Monica
John P. Nuttall.....Santa Monica
Richard Morrison.....Santa Monica
Edward N. Reed.....Santa Monica
Ross Moore.....Santa Monica
Clayton Lane.....Santa Monica
Albert T. Martin.....Los Angeles
Cecil S. Dickinson.....Santa Monica

Area 13—Burbank:

Erwin D. Pratt.....Burbank
Karl P. Stadlinger.....Burbank
A. Vincent Corty.....Los Angeles
David Thomson.....Burbank
Lawrence L. Craven.....Glendale
J. C. Negley.....Glendale
R. E. Brenneman.....Glendale
C. E. Van Deventer.....Burbank

Area 14—Pasadena:

Samuel J. Mattison.....Pasadena
R. C. Olmsted.....Pasadena
Leland G. Hunnicutt.....Pasadena
William Arthur Clark.....Pasadena
William Edler.....Pasadena
Ben D. Massey.....Pasadena
Francis B. Sheldon.....Pasadena
Russell W. Porco.....Pasadena
Russell M. Decker.....Pasadena

Area 15—Long Beach:

R. A. Terry.....Long Beach
Walter D. Gilkey.....Long Beach
Dean E. Godwin.....Long Beach
John I. Boyer.....Long Beach
Richard A. Carter.....Long Beach
George D. Stilson.....Long Beach
W. E. Hart.....Long Beach
Frank E. Weld.....Long Beach
Russell T. Uhls.....Long Beach

Area 16—Los Angeles:

E. C. Moore.....Los Angeles
Arthur Stanley Granger.....Los Angeles
Walter R. Crane.....Los Angeles
Albert E. Gallant.....Los Angeles
H. Douglas Eaton.....Los Angeles
Elmer Belt.....Los Angeles
Ray A. Carter.....Los Angeles
Jas. S. Montague.....Los Angeles

Area 17—Los Angeles:

Clarence G. Toland.....Los Angeles
John V. Barrow.....Los Angeles
Simon Jesberg.....Los Angeles
Charles L. Hawk.....Hollywood
Glenn Myers.....Compton
George F. Schenck.....Los Angeles
R. G. Taylor.....Los Angeles
Homer A. Dahlman.....Los Angeles
G. R. Owen.....Los Angeles

Area 18—Riverside:

Ray B. McCarty.....Riverside
Merrill W. Hollingsworth.....Santa Ana
Erwin P. Miller.....Riverside
F. E. Clough.....San Bernardino
G. M. Webster.....Patton
Ivan L. Finkelberg.....San Bernardino
E. M. Johnston.....Riverside
Colin C. Owen.....San Bernardino

Area 19—San Diego:

Charles M. Fox.....San Diego
James F. Churchill.....San Diego
David R. Higbee.....San Diego
Maynard C. Harding.....San Diego
F. G. Lindemulder.....San Diego
Edwin F. Chamberlain.....San Diego
W. O. Weiskotten.....San Diego
Leland D. Jones.....San Diego
Terrell Scott.....San Diego

Area 20—Santa Barbara:

R. W. Homer.....Ventura
H. E. Henderson.....Santa Barbara
William H. Johnston.....Santa Barbara
W. Sterling Clark.....Ventura
Thomas W. Hagerty.....Camarillo
Milton John Geyman.....Santa Barbara
Harry R. Hancock.....Santa Barbara
Philip C. Means.....Santa Barbara
Albert Q. Spaulding.....Santa Barbara

* * *

III

Doctors Serving as Examining Physicians for Local Boards

Alpine Local Board No. 33:
A. R. Thompson.....Minden, Nevada

Amador Local Board No. 32:
John Wakefield.....Sutter Creek

Butte Local Board No. 15:
Dan H. Moulton.....Chico

Butte Local Board No. 16:
Frank M. Whiting.....Oroville

Calaveras Local Board No. 34:
George P. Cooper.....Angels Camp

Colusa Local Board No. 19:
Charles F. Keith.....Williams

Del Norte Local Board No. 1:
Francis M. Stump.....Crescent City

El Dorado Local Board No. 31:
William A. Reckers....Placerville
Glenn Local Board No. 14:
Francis H. Gambell....Willows
Humboldt Local Board No. 5:
John N. Chain, Sr....Eureka
Humboldt Local Board No. 6:
Lowell G. Kramar....Fortuna
Lassen Local Board No. 9:
George S. Martin....Susanville
Mendocino Local Board No. 12:
Paul J. Bowman....Fort Bragg
Lake Local Board No. 18:
Charles A. Craig....Lakeport
Modoc Local Board No. 4:
Waldo H. Pate....Alturas
Tehama Local Board No. 10:
James L. Faulkner....Red Bluff
Mendocino Local Board No. 13:
Edward C. Bennett....Ukiah
Nevada Local Board No. 22:
Carl P. Jones....Grass Valley
Placer Local Board No. 30:
J. Gordon Mackay....Auburn
Plumas Local Board No. 11:
John W. Moore....Quincy
Sacramento Local Board No. 24:
Charles I. Titus....Sacramento
Sacramento Local Board No. 25:
James W. O'Brien....Sacramento
Sacramento Local Board No. 26:
Hermann E. Lorenz....Sacramento
Sacramento Local Board No. 27:
William H. Pope....Sacramento
Sacramento Local Board No. 28:
Paul W. Frame....Elk Grove
Sacramento Local Board No. 29:
Archibald A. Atkinson....North Sacramento
San Joaquin Local Board No. 35:
Arthur C. Boehmer....Lodi
San Joaquin Local Board No. 36:
Curtis M. Galt....Manteca
San Joaquin Local Board No. 37:
William P. J. Lynch....Stockton
San Joaquin Local Board No. 38:
Abram L. Van Meter....Stockton
San Joaquin Local Board No. 39:
Irving S. Zeimer....Stockton
Shasta Local Board No. 8:
Henry L. White....Redding
Sierra Local Board No. 17:
Vernon W. Padgett....Alleghany
Siskiyou Local Board No. 2:
Albert H. Newton....Yreka
Siskiyou Local Board No. 3:
Charles C. Dickinson....McCloud
Stanislaus Local Board No. 40:
Terry T. Laird....Oakdale
Stanislaus Local Board No. 41:
James L. Collins....Turlock
Stanislaus Local Board No. 42:
Ned B. Gould....Modesto
Sutter Local Board No. 20:
Neal M. Loomis....Yuba City
Trinity Local Board No. 7:
John D. Briggs....Weaverville
Tuolumne Local Board No. 43:
Homer D. Rose....Sonora
Yolo Local Board No. 23:
Fred R. Fairchild....Woodland
Yuba Local Board No. 21:
John A. Duncan....Marysville
Alameda Local Board No. 56:
Adams Paterson....San Leandro
Alameda Local Board No. 57:
George E. Koerber....Oakland
Alameda Local Board No. 58:
Parley P. Musser....Oakland
Alameda Local Board No. 59:
Edward H. Anthony....Oakland
Alameda Local Board No. 60:
A. Bradford Carson....Oakland
Alameda Local Board No. 61:
Clarence B. Foltz....Oakland
Alameda Local Board No. 62:
John Ohanneson....Alameda
Alameda Local Board No. 63:
Henry B. Mehrmann....Oakland
Alameda Local Board No. 64:
Charles L. Freytag....Oakland
Alameda Local Board No. 65:
William D. Desch....Piedmont
Alameda Local Board No. 66:
Rufus J. Newell....Oakland
Alameda Local Board No. 67:
George Douglas Ream....Albany
Alameda Local Board No. 68:
Clarence A. Wills....Oakland
Alameda Local Board No. 69:
Robert F. Legge....Oakland
Alameda Local Board No. 70:
Edward Gale Whiting....Berkeley
Alameda Local Board No. 71:
Fred E. Ewing....Oakland
Alameda Local Board No. 72:
Melvin G. Hart....Oakland
Alameda Local Board No. 73:
William Robert Reud....Oakland
Alameda Local Board No. 74:
Francis K. Kearney....Hayward
Alameda Local Board No. 75:
Eugene C. Grau....Niles
Contra Costa Local Board No. 52:
L. H. Fraser....Richmond
Contra Costa Local Board No. 53:
Kaho Daily....Richmond
Contra Costa Local Board No. 54:
W. S. Edmeades....Martinez
Contra Costa Local Board No. 55:
D. C. Wise....Pittsburg
San Mateo Local Board No. 103:
Edwin I. Bartlett....South San Francisco
San Mateo Local Board No. 104:
H. H. Whitney....Burlingame
San Mateo Local Board No. 105:
Norman D. Morrison....San Mateo
San Mateo Local Board No. 106:
Frank S. Gregory....Redwood City
San Mateo Local Board No. 107:
R. J. Gerlough....Menlo Park
Santa Clara Local Board No. 108:
C. S. Sullivan....San Jose
Santa Clara Local Board No. 109:
Donald R. Threlfall....San Jose
Santa Clara Local Board No. 110:
E. P. Cook....San Jose
Santa Clara Local Board No. 111:
Elliot Rouff....San Jose
Santa Clara Local Board No. 112:
Blake C. Wilbur....Palo Alto
Santa Clara Local Board No. 113:
William R. Harder....Los Gatos
Marin Local Board No. 50:
Carl F. Larson....Sausalito
Marin Local Board No. 51:
Harry O. Howitt....San Rafael
Napa Local Board No. 47:
George T. Pomeroy....Napa
Santa Cruz Local Board No. 282:
Stanley W. Dowling....Santa Cruz
San Francisco Local Board No. 76:
Val C. Holmer....San Francisco
San Francisco Local Board No. 77:
Alson R. Kilgore....San Francisco
San Francisco Local Board No. 78:
Reynold J. Ferrari....San Francisco
San Francisco Local Board No. 79:
George T. Lenahan....San Francisco
San Francisco Local Board No. 80:
Boris S. Herman....San Francisco
San Francisco Local Board No. 81:
Arthur H. White....San Francisco
San Francisco Local Board No. 82:
Henry L. Gardner....San Francisco
San Francisco Local Board No. 83:
Reginald F. Grant....San Francisco
San Francisco Local Board No. 84:
Joseph H. D. Roger....San Francisco
San Francisco Local Board No. 85:
Clarence B. Cowan....San Francisco
San Francisco Local Board No. 86:
Thomas J. Fitzpatrick....San Francisco
San Francisco Local Board No. 87:
Donald M. Campbell....San Francisco
San Francisco Local Board No. 88:
Gustav Robert Riga....San Francisco
San Francisco Local Board No. 89:
Adolph Gottschalk....San Francisco
San Francisco Local Board No. 90:
Herman Marcus....San Francisco
San Francisco Local Board No. 91:
Douglas G. Macpherson....San Francisco
San Francisco Local Board No. 92:
Bernard Strauss....San Francisco

San Francisco Local Board No. 93:
Reuben H. Zumwalt.....San Francisco
San Francisco Local Board No. 94:
James Morrille George.....San Francisco
San Francisco Local Board No. 95:
John F. Drew.....San Francisco
San Francisco Local Board No. 96:
Samuel J. Hurwitt.....San Francisco
San Francisco Local Board No. 97:
Thomas W. Cornwall.....San Francisco
San Francisco Local Board No. 98:
Alfred Goldman.....San Francisco
San Francisco Local Board No. 99:
Charles E. French.....San Francisco
San Francisco Local Board No. 100:
J. J. Kavanagh.....San Francisco
San Francisco Local Board No. 101:
Samuel A. Goldman.....San Francisco
San Francisco Local Board No. 102:
Emile D. Torre.....San Francisco
Solano Local Board No. 48:
Ambrose J. Ryan.....Vallejo
Solano Local Board No. 49:
Andrew P. Finan.....Suisun
Sonoma Local Board No. 44:
Stuart Z. Peoples.....Petaluma
Sonoma Local Board No. 45:
William C. Shipley.....Santa Rosa
Sonoma Local Board No. 46:
Frank E. Sohler, Sr.....Healdsburg
Fresno Local Board No. 123:
Allison A. Calaway.....Fresno
Fresno Local Board No. 124:
Frank W. Pomeroy.....Fresno
Fresno Local Board No. 125:
Henry Ehlers.....Fowler
Fresno Local Board No. 126:
Chester M. Vanderburgh.....Fresno
Fresno Local Board No. 127:
Lloyd B. James.....Fresno
Fresno Local Board No. 128:
Bryson E. Cox.....Coalinga
Inyo Local Board No. 134:
Harvey W. Crook.....Bishop
Kern Local Board No. 137:
Thomas T. Matlock.....Wasco
Kern Local Board No. 138:
Harvey R. McAllister.....Taft
Kern Local Board No. 139:
Homer Rogers.....Bakersfield
Kern Local Board No. 140:
Moses Thorner.....Bakersfield
Kern Local Board No. 141:
George S. Lambeth.....Bakersfield
Kings Local Board No. 129:
John A. Crawshaw.....Hanford
Madera Local Board No. 117:
Smith A. Quimby.....Madera
San Benito Local Board No. 122:
Joseph M. O'Donnell.....Hollister
Mono Local Board No. 118:
Clarence L. Scott.....Bishop
Mariposa Local Board No. 114:
John S. Webster.....Mariposa
Merced Local Board No. 115:
Ashley S. Parker.....Merced
Merced Local Board No. 116:
LeRoy Hillyer.....Los Banos
Monterey Local Board No. 119:
Martin McAulay.....Monterey
Monterey Local Board No. 120:
Garth Parker.....Salinas
Monterey Local Board No. 121:
Charles T. Bullard.....King City
San Luis Obispo Local Board No. 135:
George K. Dunklee.....San Luis Obispo
San Luis Obispo Local Board No. 136:
Alvin H. Wilmar.....Paso Robles
Tulare Local Board No. 130:
Ray Edward Cronemiller.....Exeter
Tulare Local Board No. 131:
Lewis L. Seligman.....Dinuba
Tulare Local Board No. 132:
Elmo R. Zumwalt.....Tulare
Tulare Local Board No. 133:
W. W. Tourtillott.....Porterville
Orange Local Board No. 170:
Edward Lee Russell.....Santa Ana
Orange Local Board No. 171:
James Farrage.....Santa Ana
Orange Local Board No. 172:
John D. Ball.....Santa Ana
Orange Local Board No. 173:
John A. Wood.....Anaheim
Orange Local Board No. 174:
Charles Glenn Curtis.....Brea
San Bernardino Local Board No. 148:
Charles N. Abbott.....Ontario
San Bernardino Local Board No. 149:
John B. Craig.....Upland
San Bernardino Local Board No. 150:
J. J. H. Smith.....Colton
San Bernardino Local Board No. 151:
R. E. Dowd.....San Bernardino
San Bernardino Local Board No. 152:
E. L. Tisinger.....San Bernardino
San Bernardino Local Board No. 153:
A. D. Neubert.....Redlands
San Diego Local Board No. 160:
Edward A. Blondin.....San Diego
San Diego Local Board No. 161:
L. J. Langlois.....San Diego
San Diego Local Board No. 162:
Alfred J. Cantoni.....San Diego
San Diego Local Board No. 163:
R. K. Tanaka.....San Diego
San Diego Local Board No. 164:
Lloyd Myers.....San Diego
San Diego Local Board No. 165:
Carl S. Owen.....San Diego
San Diego Local Board No. 166:
R. O. Logsdon.....San Diego
San Diego Local Board No. 167:
G. B. Larabee.....La Mesa
San Diego Local Board No. 168:
Charles R. Knox.....El Cajon
San Diego Local Board No. 169:
C. A. S. Kemper.....Escondido
Santa Barbara Local Board No. 142:
P. A. Gray, Jr.....Santa Barbara
Santa Barbara Local Board No. 143:
G. R. Luton.....Santa Barbara
Santa Barbara Local Board No. 144:
W. H. Conser.....Santa Maria
Ventura Local Board No. 145:
Grundy C. Coffey.....Ventura
Ventura Local Board No. 146:
Artemas J. Strong.....Santa Paula
Ventura Local Board No. 147:
John William Nielsen.....Oxnard
Los Angeles Local Board No. 175:
William R. Senseman.....Lancaster
Los Angeles Local Board No. 176:
W. H. Gundrum.....Canoga Park
Los Angeles Local Board No. 177:
R. C. Rush.....San Fernando
Los Angeles Local Board No. 178:
Homer S. Wilson.....North Hollywood
Los Angeles Local Board No. 179:
Carroll Simons.....North Hollywood
Los Angeles Local Board No. 180:
E. H. Thompson.....Burbank
Los Angeles Local Board No. 181:
Montague Cleeves.....La Crescenta
Los Angeles Local Board No. 182:
F. T. Read.....Glendale
Los Angeles Local Board No. 183:
D. M. Ghrist.....Glendale
Los Angeles Local Board No. 184:
W. O. Leach.....Glendale
Los Angeles Local Board No. 185:
Orrie E. Ghrist.....Glendale
Los Angeles Local Board No. 186:
Edward D. Ellis.....Los Angeles
Los Angeles Local Board No. 187:
Karel B. Blahnik.....Pasadena
Los Angeles Local Board No. 188:
A. N. Bobbitt and Z. T. Malaby.....Pasadena
Los Angeles Local Board No. 189:
Joseph T. Edward and K. W. Taber.....Pasadena
Los Angeles Local Board No. 190:
A. Vance Anderson.....Pasadena
Los Angeles Local Board No. 191:
Scott D. Gleeten.....Monrovia
Los Angeles Local Board No. 192:
Forrest C. Swearingen.....Pomona
Los Angeles Local Board No. 193:
Robert Lee Smith.....Pomona
Los Angeles Local Board No. 194:
Hyman H. Greene.....Baldwin Park
Los Angeles Local Board No. 195:
Edward N. McKee.....Los Angeles
Los Angeles Local Board No. 196:
Horace R. Beck.....Los Angeles

Los Angeles Local Board No. 197:
Herbert T. Cox ..... Los Angeles
Los Angeles Local Board No. 198:
Marshall Lee Martin ..... Los Angeles
Los Angeles Local Board No. 199:
Nathan Bronfeld ..... Los Angeles
Los Angeles Local Board No. 200:
Harry B. Breitman ..... Los Angeles
Los Angeles Local Board No. 201:
C. J. Hershey ..... Los Angeles
Los Angeles Local Board No. 202:
Dee M. Rees ..... Monterey Park
Los Angeles Local Board No. 203:
George W. Caldwell ..... Los Angeles
Los Angeles Local Board No. 204:
Conrad I. Hubert ..... South Pasadena
Los Angeles Local Board No. 205:
H. L. Gotfredson ..... South Pasadena
Los Angeles Local Board No. 206:
H. B. Rickabaugh ..... Alhambra
Los Angeles Local Board No. 207:
O. H. Hanson ..... San Marino
Los Angeles Local Board No. 209:
P. A. Foster ..... Los Angeles
Los Angeles Local Board No. 210:
Clarence S. Cook ..... Los Angeles
Los Angeles Local Board No. 211:
L. M. Kane ..... Los Angeles
Los Angeles Local Board No. 212:
Vernon S. Downs ..... Los Angeles
Los Angeles Local Board No. 214:
Albert T. Ingalls ..... Los Angeles
Los Angeles Local Board No. 215:
William Ellery Bailey ..... Los Angeles
Los Angeles Local Board No. 216:
George Herbert Miller ..... Los Angeles
Los Angeles Local Board No. 217:
Charles S. Young ..... Los Angeles
Los Angeles Local Board No. 218:
Manuel Chavez ..... Los Angeles
Los Angeles Local Board No. 219:
Verne R. Mason ..... Los Angeles
Los Angeles Local Board No. 220:
Harry Fred Becker ..... Los Angeles
Los Angeles Local Board No. 221:
Edward K. Prigge ..... Los Angeles
Los Angeles Local Board No. 222:
S. M. Alter ..... Los Angeles
Los Angeles Local Board No. 223:
Ceasar George Cahen ..... Los Angeles
Los Angeles Local Board No. 208:
Albert F. Stelhorn ..... Rosemead
Los Angeles Local Board No. 213:
Robert E. Benveniste ..... Los Angeles
Los Angeles Local Board No. 224:
E. L. Christensen ..... Los Angeles
Los Angeles Local Board No. 225:
Lee Payne Rombeau ..... Los Angeles
Los Angeles Local Board No. 226:
Charles C. Coghlan ..... Los Angeles
Los Angeles Local Board No. 227:
Clarence H. Godard ..... Los Angeles
Los Angeles Local Board No. 228:
A. H. Weitkamp ..... Los Angeles
Los Angeles Local Board No. 229:
M. A. Welbourn ..... Los Angeles
Los Angeles Local Board No. 230:
William Sidney Bowers ..... Los Angeles
Los Angeles Local Board No. 231:
Raymond Myer Kay ..... Los Angeles
Los Angeles Local Board No. 232:
W. M. Gearon ..... Los Angeles
Los Angeles Local Board No. 233:
John R. Buckingham ..... Los Angeles
Los Angeles Local Board No. 234:
Harry L. McCarthy ..... Los Angeles
Los Angeles Local Board 235:
Charles A. Bailey ..... Los Angeles
Los Angeles Local Board No. 236:
Elmer W. Litle ..... Los Angeles
Los Angeles Local Board No. 237:
Hugo M. Kersten ..... Los Angeles
Los Angeles Local Board No. 238:
Edgar H. Brown ..... Los Angeles
Los Angeles Local Board No. 239:
Warren F. Clark ..... Hollywood
Los Angeles Local Board No. 240:
Hugh J. Strathearn ..... Hollywood
Los Angeles Local Board No. 241:
Edward F. Nippert ..... Hollywood
Los Angeles Local Board No. 242:
Silas Arthur Lewis ..... Hollywood
Los Angeles Local Board No. 243:
George F. Harding ..... Santa Monica
Los Angeles Local Board No. 244:
Oscar Anderson ..... Santa Monica
Los Angeles Local Board No. 245:
Howard E. Horner ..... West Los Angeles
Los Angeles Local Board No. 246:
J. R. Perry ..... West Hollywood
Los Angeles Local Board No. 247:
Harry H. Blodgett ..... Beverly Hills
Los Angeles Local Board No. 248:
Frank M. Schmidt ..... West Los Angeles
Los Angeles Local Board No. 249:
C. W. Craik ..... Venice
Los Angeles Local Board No. 250:
Russell L. Sands ..... Santa Monica
Los Angeles Local Board No. 251:
Powell W. Griffith ..... Los Angeles
Los Angeles Local Board No. 252:
Louis D. Cheney ..... Los Angeles
Los Angeles Local Board No. 253:
N. Curtis King ..... Los Angeles
Los Angeles Local Board No. 254:
John MacLean ..... Los Angeles
Los Angeles Local Board No. 255:
A. A. Sornsen ..... Los Angeles
Los Angeles Local Board No. 256:
Oluf S. Hansen ..... Los Angeles
Los Angeles Local Board No. 257:
Elmer A. Nelson ..... Los Angeles
Los Angeles Local Board No. 258:
Howard R. Harner ..... Los Angeles
Los Angeles Local Board No. 259:
J. Clough Frudenfeld ..... Inglewood
Los Angeles Local Board No. 260:
L. C. Burwell ..... Los Angeles
Los Angeles Local Board No. 261:
Paul C. Lawyer ..... Inglewood
Los Angeles Local Board No. 262:
Leo W. Fate ..... Hawthorne
Los Angeles Local Board No. 263:
James H. Turner ..... Huntington Park
Los Angeles Local Board No. 264:
Arthur O. Turbow ..... Los Angeles
Los Angeles Local Board No. 265:
George M. Campbell ..... South Gate
Los Angeles Local Board No. 266:
Albert A. Ehrke ..... Compton
Los Angeles Local Board No. 267:
Clyde L. Smith ..... Maywood
Los Angeles Local Board No. 268:
Earl Howard Welcome ..... Downey
Los Angeles Local Board No. 269:
Ralph W. Maker ..... Norwalk
Los Angeles Local Board No. 270:
Albert T. Charlton ..... Norwalk
Los Angeles Local Board No. 271:
Fred B. Clarke ..... Long Beach
Los Angeles Local Board No. 272:
Ward Hannah ..... Long Beach
Los Angeles Local Board No. 273:
Walter H. Boyd ..... Long Beach
Los Angeles Local Board No. 274:
Gaylord L. Fisher ..... Long Beach
Los Angeles Local Board No. 275:
R. B. Eusden ..... Long Beach
Los Angeles Local Board No. 276:
Walter B. Palmer ..... Long Beach
Los Angeles Local Board No. 277:
Ernest I. Mulder ..... Compton
Los Angeles Local Board No. 278:
A. J. Langan ..... San Pedro
Los Angeles Local Board No. 279:
William M. Pearce ..... Wilmington
Los Angeles Local Board No. 280:
Norman A. Leake ..... Torrance
Los Angeles Local Board No. 281:
Ernest G. Butt ..... Redondo Beach
Imperial Local Board No. 158:
John L. Parker ..... Brawley
Imperial Local Board No. 159:
Floyd A. Burger ..... El Centro
Riverside Local Board No. 154:
C. W. Girdlestone ..... Riverside
Riverside Local Board No. 155:
Newman K. Bear ..... Riverside
Riverside Local Board No. 156:
Allan Bramkamp ..... Banning
Riverside Local Board No. 157:
B. Gene Morris ..... Thermal
Santa Cruz Local Board No. 283:
Henry G. Watters ..... Watsonville

*Bulletin of Information**

(COPY)

STATE HEADQUARTERS SELECTIVE SERVICE
STATE OF CALIFORNIA
PLAZA BUILDING, SACRAMENTO

October 15, 1940.

To All Doctors Engaged in the Administration of the Selective Service of California.

Foreword.—The Medical Division of the Selective Service will disseminate direct information to you from State Headquarters, from District Coördinator's offices (Sacramento, San Francisco, Fresno, and Los Angeles), by medical inspectors in the field, through meetings in your districts and, when necessary, through the press and radio. We anticipate, particularly at the onset, some queries. Please feel free to contact us either through your District Coördinator's office or, if necessity arises, here—when any unanswered medical problem presents.

This communication is being issued with the idea of anticipating certain likely questions. We know that many of you have studied the Selective Service machinery. Notwithstanding this, we feel that a review of the organization and administration will be valuable. Of course, we shall limit our discussion to the medical aspect alone.

1. **State Headquarters.**

Here, the State Director of Selective Service has a "Medical Assistant." He is known as the "Chief, Medical Division, Selective Service, California."

The Chief of the Medical Division will—

(*a*) Establish close relations with all examining physicians.

(*b*) When necessary, will recommend meetings of examining physicians for the purpose of discussing the medical problems of Selective Service with the view of clearing up doubtful points.

(*c*) Visit local and Medical Advisory Boards for the purpose of observing, advising, and assisting such Boards in connection with physical examinations and medical decisions.

(*d*) Coördinate the work of inspection and examination with the view of gaining a steady even flow of conscripts, without delay.

(*e*) Study the causes of discharges at mobilization camps, with a view to the determination of the cause thereof. In so doing, corrections may be made at the source and efficiency maintained.

2. **District Headquarters.**

For administrative purposes and with the idea of some necessary decentralization in a large state such as California, District Headquarters have been established in Sacramento, San Francisco, Fresno, and Los Angeles. They have, at their head, a district coördinator. In these districts there shall be a *medical inspector.* Although these medical inspectors will be a part of the district organization, they will be working directly from the Chief of the Medical Division's office.

Their duties correspond to those of the Chief, Medical Division.

3. **The Local Board and the Examining Physician for Local Board.**

On a direct line from State Headquarters (with only the administrative unit of the coördinators between) comes this important board. It makes decisions! Attached to each local board (the Board area covers a population of about 30,000) is an *examining physician for the Board.* No examining physician shall examine for a Board any registrant who is his first cousin, or a closer relative, either by blood or marriage, or who is an employee or employer, or stands in the relation of superior or subordinate in connection with any employment, or is a partner or close business associate of the physician. The Board shall request the Governor to recommend the appointment of another physician for such registrant, or shall use the physician of another board.

Although it is quite apparent that the medical discussions of the local board will depend almost entirely on the opinion of its examining physician, it must be clearly understood that the examining physician's recommendations are advisory only, and it is the Board which decides. The examining physician has no vote in the deliberations of the Board.

We heartily recommend the free use of specialists on medical advisory boards when any doubt arises. Your local Board will have a list of the Medical Advisory Board to which you will refer registrants.

When any appeal is made from a classification determined by a local board—based on a report of physical examination—it must be made within five days after the mailing of the notice (Form 57) by entering the claim of appeal in the place required for that purpose on both copies of the report of physical examination (D. S. S. Form 200).

Also, when an appeal is made from a classification determined by a local board—based on a report of physical examination—if the local board has not obtained a report from the Medical Advisory Board, it should refer it to them for further examinations, report, and opinion.

When the local board receives the Medical Advisory Report (or, if report was received prior to appeal), then the local board transmits to the Board of Appeal the original Form 200, together with any additional evidence as to physical qualification.

If, in the case of an appeal, the Local Board, after receiving the report of the Medical Advisory Board, determines that the registrant shall be reclassified, it shall reclassify him in accordance with the rules governing reclassification, and shall not forward the appeal to the Appeal Board.

If the finding of the local board is not in accordance with the recommendations of the Medical Advisory Board, and an appeal is made from the decision of the local board as to physical qualifications of the registrant, the local board shall make a special report to the Board of Appeal of its reason for rejecting the recommendation of the Medical Advisory Board.

Merely because the registrant claims a physical disqualification in the questionnaire, it is not construed as a claim to the Board of Appeal from the refusal of the local board to classify the registrant in Class IV (f). A regular form of appeal must be pursued.

Registrants confined to homes or hospitals, or those presenting themselves with a temporary defect, will be given a reasonable delay, but they must be investigated by the examining physician of a local board. Any registrant who is quarantined because of a communicable disease shall be excused from examination until he is released from quarantine by the health authorities. Any registrant who is sick or who has some temporary defect, or is awaiting an operation, or who has any other good excuse, may be granted a reasonable delay for completing his physical examination.

If the case of a registrant, referred to the Medical Advisory Board, is not completed, because of a temporary defect, the local board will send the registrant back at the end of the period "fixed as temporary," or earlier if the local board believe the temporary defect has been removed, or unless it believes further delay necessary, or that further examination by the Medical Advisory Board is unnecessary, in which case it may proceed without further reference.

The office of the examining physician need not be in the office of the local board. The likelihood is that the majority of these examinations will be made in the offices of the examining physicians at a time suitable to them and the local boards.

As soon as a registrant is classified—on return of his questionnaire—in Class I, notice will be made to him to

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*The "Bulletin of Information" for all physicians who are or will be engaged in the administration of the "Selective Service of California" is the official announcement sent out by Richard E. Mittelstaedt, Adjutant General of California, through Colonel Bert S. Thomas, Chief of the Medical Division.

For convenience in reference, the editor of CALIFORNIA AND WESTERN MEDICINE has given sequence numerals to the various subheads, and also prints herewith an index of the subheadings:

appear for physical examination, regardless of any appeal. Appeal or no appeal, all progress of the registrant from the local board will be constant just as though no appeal had been taken. However, a registrant shall not be ordered to report for induction during the period in which there is pending any appeal duly made by him or in his behalf from an appealable determination of the local board, or during the period afforded him by the rules and regulations within which to make an appeal.

4. **Why Referred to Medical Advisory Board.**

Registrants will be referred to Medical Advisory Boards:

1. When there is a properly presented appeal of the registrant on the basis of a physical disqualification.

2. When in doubt about the registrant's physical qualification, the examining physician shall request the local board to send the registrant to a Medical Advisory Board.

3. Whenever the examining physician so requests.

4. Where a majority on a local board disagree on the advisory decision of the examining physician, and is dissatisfied with the examining physician's finding.

5. Where the appeal agent believes the Medical Advisory Board should render an opinion, and requests that registrant be sent to the Advisory Board.

6. When any qualified inspector so recommends, it should be most likely that his recommendation will carry the problem to the Advisory group.

5. **Medical Advisory Boards.**

Medical Advisory Boards will number twenty (20) in the state. Their centers are at Eureka, Redding, Sacramento, Napa, Stockton, Oakland, two (2) in San Francisco, San Jose, Salinas, Fresno, Santa Monica, Burbank, Pasadena, Long Beach, two (2) in Los Angeles proper, Riverside, San Diego, and Santa Barbara. As previously stated, each local board will be supplied with the list of the specialists of these Advisory Boards to which problems of desired advice may be referred. Volume One of Selective Service Regulations states that the Board shall consist of internists, eye, ear, nose and throat specialists, orthopedists, surgeons, psychiatrists, clinical pathologists, radiographers, and dentists—as a minimum.

In this state we have planned an urologist as an additional member.

It is the intent to refer registrants directly to the particular specialist involved, rather than to the Board as a whole. Those of you who are acquainted with the endorsement method of Army communication will, after studying D. S. S. Form 200 (Report of Physical Examination), find that the reference of a registrant to a Medical Advisory Board follows closely the same method.

There is a full form provided for a physical examination by a Medical Advisory Board. However, the specialist on a Medical Advisory Board is not required to make a complete examination of a registrant, but only to examine the registrant and render an opinion on that part of the examination for which the registrant is sent to him.

The Medical Advisory Board exercises no original nor appellate jurisdiction.

If the Medical Advisory Board delays its examination of a registrant more than three (3) days to await correction of a temporary defect, it shall return the registrants' Form 200 to the local board, with a statement (attached to Form 200, but not written upon it) of the cause of delay and the time when the registrant should return for further examination. The local board normally shall send the registrant and his Form 200 back to the Medical Advisory Board at the time specified. However, if the local board believes the defect corrected, it may send him back earlier; or, if it believes more delay is needed, it may set a later date; or, if it decides that further examination is unnecessary, it may proceed without sending him back to the Medical Advisory Board.

All entries made by the Medical Advisory Board on the original Form 200 will be copied by the local board onto the duplicate Form 200 in the registrant's file.

6. **Medical Members of Appeal Boards.**

The medical members of Appeal Boards (twenty boards in California conforming identically in location with the Medical Advisory Boards) naturally will be primarily concerned with making medical decisions. However, they are voting members of their Board on *all* questions put before the Board. These boards shall have jurisdiction to review any decision concerning the classification of a registrant by any local board in the area of the Board of Appeal, and to affirm, modify or reverse the decision, provided that an appeal has been filed with the local board. It shall have the same appellate jurisdiction to review any decision or classification submitted to it by another Board of Appeal for review. The decision of the Board of Appeal shall be final, unless modified or reversed by the President. No member shall act on the case of a registrant who is his first cousin, or closer relative, either by blood or marriage, or who is an employee or employer, or stands in relation of superior or subordinate in connection with any employment, or is a partner or close business associate of the member.

7. **Appeals with Respect to Registrant's Physical or Mental Qualification.**

If the person (the registrant, any person who claims to be a dependent of the registrant, a Government appeal agent, the director of Selective Service, or the state director of Selective Service) appealing wishes the Board of Appeal to review a determination of the local board with respect to the registrant's physical or mental qualifications, the person appealing shall fill out and sign the form for appeal which appears on the report of physical examination (Form 200). The person appealing shall attach to the report of physical examination a written statement specifying the class in which the person appealing believes the registrant should be placed, calling attention to where the person believes the local board erred and directing attention to any information in the registrant's file, but may not produce new evidence not contained in the registrant's file.

In the case of an appeal involving a determination of the registrant's physical or mental qualifications, the local board, before forwarding the appeal to the Board of Appeal, shall send the registrant and evidence on his physical and mental qualifications to the Medical Advisory Board unless that board has already made a finding thereon.

The local board shall transmit to the Board of Appeal the registrant's file, including therein the report of physical examination (Form 200) and all other reports or evidence on the registrant's physical or mental qualifications only if these matters are involved in the review on appeal.

If, before acting upon any appeal the Board of Appeal deems additional evidence necessary, it shall return all papers in the case to the proper local board with a request that such evidence be secured.

After the Board of Appeal has reached its conclusions it shall make the proper entries of its determination on either the questionnaire or the report of physical examination (Form 200), whichever is applicable.

A registrant shall not be ordered to report for induction during the period in which there is pending any appeal duly made by him or in his behalf from an appealable determination of the local board, or during the period afforded him by the rules and regulations within which to make an appeal.

Concerning the finality of the Board of Appeal decisions, it should be pointed out here that decisions pertaining to physical qualifications of registrants are absolutely final, insomuch as an appeal to the President is permissible only on the grounds of dependency. This means just one thing—no question of physical disqualification goes above the Appeal Board.

8. **Decisions as to Medical Qualifications of Registrants.**

All decisions as to physical standards demanded are clearly outlined in Volume Six of the Selective Service Regulations. This regulation will be available to you through your local board or your district coördinator.

If these regulations are laid down so specifically, it should seem that all decisions should be uniform. Past experience has proved that this is not so. Unquestionably, with the same high quality of examination, we shall find that Board number "X" has 5 per cent of its passed registrants rejected by the Army Mobilization Center examiners, Board "Y" has less than 1 per cent rejected. There can be only one conclusion—there have been two "interpretations" of the regulations. This office and our Medical Inspection Division will make every effort to gain uniformity.

All doctors will be concerned with making three (3) decisions, and only three (3):

1. Is the registrant qualified for general military service? (Class I (a or d).)

2. Is the registrant qualified for limited military service? (Class I (b or e).)

3. Is the registrant disqualified for military service, by reason of . . . ? (Class 4 (f).)

9. **Decision to Place Registrant in Class 4 (f) Without Physicians Opinion.**

A registrant may be placed in Class 4 (f) without physical examination (by the local board) if he has any obvious physical, mental or nervous disability which permanently disqualifies him for any form of military service. If the registrant is so placed in Class 4 (f), the Board prepares a report on Form 200 and sends a duplicate thereof to the Governor.

10. Doubtful Cases (Physical).

When in doubt about the registrant's physical qualification, the examining physician shall request the local board to send the registrant to a Medical Advisory Board.

The full Medical Advisory Board, or one or more of its members, as may be necessary in the particular case, shall act on the case. The Board, or one or more members, shall examine the registrant, record the findings on the Form 200, and return the Form 200 to the local board.

Upon receiving the report of the Medical Advisory Board, the examining physician shall enter his findings on the appropriate part of Form 200.

The local board copies the report of the Medical Advisory Board on the retained duplicate Form 200 in the registrant's file, and classifies as 1 (a or d) (b or e) or 4 (f).

11. Transfer of Physical Examination.

The registrant shall be transferred for classification—when a physical examination is required—if the examining physician cannot act on the registrant's case because disqualified; or if the physician withdraws from consideration of the registrant's classification because of any conflicting interest, bias, or other reason.

On receipt of application for transfer of physical examination, the local board of origin, if it approves the application, issues an order (Form 203) (one copy to local board of transfer, one to registrant, one for file) for such transfer. When the local board of transfer receives the order, it causes the registrant to get a physical examination and then determines his qualification for service.

The local board of transfer forwards to the local board of origin two (2) copies of Form 200, including findings, and reports of the Medical Advisory Board (if any) and findings of the Board of Appeal (if any) and files a copy.

The classification of the local board of transfer (or by Board of Appeal having jurisdiction of local board of transfer) is binding on the local board of origin (or Board of Appeal of origin), but if still further facts present and if the local board from which the registrant was transferred receives new evidence that might affect his classification, the Board shall send the evidence and the registrant's file to the Board to which he was transferred.

12. Limited Service Group.

The examining physician of the local board is urged to consult with the Medical Advisory Board concerning the limited service group and to familiarize himself with the specific requirements concerning limited service.

Registrants who have been classified by local boards for general military service and who are found by examining physicians at mobilization camps or stations to be physically unfit may, if qualified for limited service, be acceptable for such service, provided men of that classification are needed in the camp or station at that particular time.

The final decision as to acceptance or rejection of inducted men, under the regulations, rests with the examining physicians at mobilization camps or other stations to which the registrants are sent upon induction into the Service.

Local boards may classify a registrant as physically qualified for limited military service without reference to Medical Advisory Boards.

13. Disposition of Registrants Discharged from Military Service at a Mobilization Camp.

Upon receiving notice from the induction station that a selected man has been found not acceptable because physically unqualified, the local board shall reclassify him into Class 1-B or Class 4-F. In determining whether the man should be placed in Class 1-B or Class 4-F, the Board shall consider the induction record (A. G. O. Form 221) and the opinion of its examining physician.

A registrant reclassified as above shall not be again placed in Class 1-A unless the condition causing his rejection at the induction station entirely and permanently disappears.

14. Examination of Registrants in Deferred Classifications.

Registrants in deferred classes will not be examined physically except under special instructions issued by the director of Selective Service, or when a call is made for the induction into service of registrants of these classes.

15. Self-Inflicted Physical Disqualifications—Feigning—Malingerers.

If a registrant claims an ailment or defect which the local board cannot detect, or if the local board believes him to be feigning the ailment or defect, it shall attach a statement of the facts and its opinion to both copies of Form 200.

If the local board believes that a registrant's disqualifying physical defects are self-inflicted or purposely caused to avoid military service, the Board shall immediately prepare in duplicate a full statement of the facts and the Board's recommendation. The original of this statement, with the original report of physical examination (Form 200) shall be sent to the Governor, and the duplicate filed with the duplicate Form 200 in the cover sheet. If the registrant is capable of any duty at all, and the local board recommends his induction, the Governor shall transmit the record to the director of Selective Service, or may direct that the registrant be reported to a United States District Attorney for prosecution.

There might well be cases of self-inflicted injuries which might not be possible to classify, even in Class I (b). At any rate, the classification will be made in the lowest numbered classification possible.

16. Forms.

There is really only one form with which our medical personnel will be concerned:

D. S. S. Form 200 (there are Forms 201, 203, and 1000 which have a medical bearing, but they will be omitted here). The local board shall deliver the prepared form (200) to the examining physician before the date on which the registrant is to report. The examining physician shall fill out the appropriate parts of the Report of Physical Examination (Form 200) in duplicate.

D. S. S. Form 200 is entitled "Report of Physical Examinations." A study of this in relation to Volume VI, Selective Service Regulations, "Physical Standards," is imperative and must be immediate on availability of this regulation. Only the original of Form 200 should be signed.

The duplicate Form 200 is always kept on file in the local board. The original is the one sent to required boards and to the mobilization center.

Those of you who have been acquainted with Army correspondence will recognize that it closely follows the "endorsement" method for its completion as it travels from board to board.

17. Examination of Records.

Authorized officers from this headquarters will present credentials showing them to have access to all records and forms.

18. Expenses.

(A) Estimate by local, Appeal, and Medical Advisory Boards:

(*a*) When the organization of a local board, Board of Appeal, or Medical Advisory Board is completed, the chairman shall cause to be prepared an estimate of expenses for the first month of operations. The estimate shall be entered on D. S. S. Form 254, in duplicate and shall be signed by a member of the Board. The original shall be forwarded to the Governor and a copy retained in the file of the Board.

(*b*) Not later than the fifth day of each month thereafter a similar estimate of expenses for the month shall be prepared and submitted.

(B) Supplies and services for examining physician, and services for Medical Advisory Board:

(*a*) The chairman of each local board is authorized to request the state procurement officer for selective service to furnish such supplies as may be required by the examining physician of such board (D. S. S. Form 259).

(*b*) The chairman of each local board, or the chairman of a Medical Advisory Board, may authorize such special examinations and laboratory tests as he deems necessary and shall cause to be forwarded to the state procurement officer for payment the bill for such examinations and tests after affixing his approval. Certification for such bill shall follow instructions of Selective Service Regulations, Volume Five.

(*c*) Subject to paragraph 552 (S. S. R., Volume V, Finance), the chairman of a Medical Advisory Board is authorized to appoint office assistants for his Board; provided, however, that such persons shall be employed on a per diem basis only.

19. The Medical Gauntlet.

There has been some concern shown by certain agencies regarding the possible missing of medical disqualifications in the examination of registrants. They point out that in 1917-1918 many such were missed, and thus threw a permanent burden on the Government. This office has no sense of uneasiness on this subject. When one considers that four medical hurdles must be surmounted before the registrant becomes one of the Conscript Army, it is fairly certain that the inducted personnel will be a "good risk" group. Let us review the procedure:

The registrant is examined by an examining physician of a local board; he, when questionable, goes before a carefully selected Advisory group; his physical qualification, when necessary, is decided by an Appeal group. He then has the barrier of an examination near and/or at an Army

mobilization camp. The examination near and/or at this center will not be a glancing one, but will be conducted by a board of doctors, numbering about ten or more plus that of the regular Army doctor at the camp.

We feel that the thoroughness of the examination from the time the registrant is ordered before the examining physician of the local board until he is part of the conscript Army will be complete.

20. **When Doctors In the Selective Service Will Start to Function.**

Ten (10) days following registration day (October 16), October 26, questionnaires will go to registrants from the local boards. Some of these will be returned immediately, and all will be returned within five (5) days. As soon as the very first group of questionnaires are returned, the local boards will send notices to those registrants not deferred to report for physical examination. This will insure a steady stream, rather than a sudden overload on the examining physician.

21. **Promptness.**

All of us in the Medical Division in Headquarters, from personal knowledge, are acquainted with the call upon the physician for the filling of forms. Within the last five (5) to ten (10) years, in particular, this has become an exceptional burden. We know your problem, so, in asking for prompt replies, we might expect some few stoppages. However, through the Medical Society, through the Committee of National Defense, through the Judiciary, and through many other sources, we believe that we have made a careful selection of doctors in this patriotic work, and so will expect that promptness will be observed. When we point out to you here that at the end of twenty-two (22) days after registration, a Class I (a) list of enough registrants, ready to go, will be expected at National Headquarters, it is needless to add any further statement regarding the necessity of action.

The final word now, "Thank you" for your spirit of true patriotism.

FOR THE GOVERNOR.
RICHARD E. MITTELSTAEDT,
State Director of Selective Service.

Prepared by
Lieutenant-Colonel Bert S. Thomas,
Chief, Medical Division.

* * *

Medical Coördination Setup Will Have Profession's Support

NATIONAL DEFENSE GROUP NAMED BY PRESIDENT AND HEADED BY OFFICIAL OF THE AMERICAN MEDICAL ASSOCIATION IS HAILED BY ASSOCIATION'S JOURNAL

The coördinating committee for medical preparedness recently appointed by President Roosevelt will have the full confidence and coöperation of the medical profession, *The Journal of the American Medical Association* for September 28 declares in an editorial.*

"An executive order," *The Journal* says, "was issued on September 19, setting up, with the approval of the President, under the Council of National Defense, a subordinate body to the Council, to be known as the Medical and Health Committee. The chairman of this organization is Dr. Irvin Abell (Louisville, Kentucky), who is also chairman of the American Medical Association's Committee on Medical Preparedness. The order defining the establishment of the committee and its duties follows:

Pursuant to the authority vested in it by Section 2 of the Act of August 29, 1916 (39 Stat. 649), the Council of National Defense, with the approval of the President, hereby establishes as a subordinate body to the council a committee to be known as the Health and Medical Committee. The committee shall consist of the following members: Dr. Irvin Abell, who shall be chairman, the Surgeon General of the Army, the Surgeon General of the Navy, the Surgeon General of the Public Health Service, and the chairman of the Division of Medical Sciences of the National Research Council. Vacancies occurring in the membership of the committee shall be filled by appointment by the council with the approval of the President. The members of the committee and of such subcommittees as may be formed by the committee shall serve as such without compensation but shall be entitled to actual and necessary transportation, subsistence and other expenses incidental to the performance of their duties.

It will be the responsibility of the committee to advise the Council of National Defense regarding the health and medical aspect of national defense and to coördinate health and medical activities affecting national defense. In carrying out its functions the committee may (a) utilize, to the extent that such facilities are available for such purpose, the laboratories, equipment and services of the Medical Departments of the Army and Navy, of the Public Health Service and of other government institutions, and (b) within the limits of the appropriations allocated to it, to contract with and transfer funds to such institutions and to enter into contracts and agreements with individuals or educational or scientific institutions for studies, experimental investigations and reports.

The committee shall promulgate rules and regulations for the conduct of its work, which rules and regulations shall be subject to the approval of the council and the President.

"This executive order brings to a favorable conclusion a cause for which officials of the Association, representing the Board of Trustees and the House of Delegates, have labored persistently since the annual session (of the Association) in June. The work of the American Medical Association, in the development of personnel for the military services, for industrial medicine and for maintaining the health of the people, can be carried forward with far greater efficiency through the establishment of some relationship directly with the Government. The work of the National Research Council in the investigation of procedures to be carried out for military purposes, in the development of information to be circulated to the medical profession and in the standardization of military medical procedures will also be greatly facilitated by this coördinating committee.

"No doubt announcements will issue in the near future from the coördinating committee, indicating the nature of its activities and the coöperation that will be required from the medical profession. Under the leadership and with the membership of the committee that has been established, the medical profession may give to this committee its complete confidence and an assurance of full coöperation."

* For lists of subcommittees, see *Journal of the American Medical Association*, November 2, 1940, on page 1551.

* * *

American Medical Association Questionnaires: Their Importance

A. A. Alexander, President of the Alameda County Medical Society, in the bulletin of that component society, wrote as follows:

(Copy)

PRESIDENT'S MESSAGE

We are told that Washington is in a turmoil endeavoring to foresee and plan for all the contingencies involved in our preparedness campaign. It is no mean task to call up, equip, and train a half-million men and their officers. To keep those men in health will require many additions of the existing medical personnel. The last war mobilization saw a most frightful confusion. Profiting by the lessons of that period the Army and Navy are seeking the assistance of the medical profession through the American Medical Association and its component organizations. With that purpose in mind, questionnaires have been sent to all physicians in the country. The response has been somewhat dilatory. This step is in no sense a move toward a "draft" of Medicine. It is rather an effort in a forehanded way to take an inventory of available service. It contemplates an arrangement for recognition of specialized training, it hopes that only a minimum of personal disturbance may be necessary. In filling out and forwarding the questionnaire you do a favor to organized medicine, to your country, and, most of all, to yourself. For be sure the needs of the new defense forces will be served. Your

coöperation may give you some voice as to when or where, and in what capacity you will be called to service.

Don't delay longer! The need is urgent!

Send in your questionnaire today.

Sincerely,

A. A. ALEXANDER, *President.*

* * *

Re: Selective Training and Service Act of 1940

(Copy)

AMERICAN MEDICAL ASSOCIATION

535 North Dearborn Street, Chicago.

The Presidents, Secretaries and Chairmen of the Legislative Committees of the State Medical Associations, Addressed.

An Act to prepare for the common defense by increasing the personnel of the armed forces of the United States and providing for its training, officially designated as the "Selective Training and Service Act of 1940," but more commonly referred to as the Conscription Act, was approved by the President September 16. I enclose a copy of the Act as approved. It will not contain the specific answers to all of the questions that will arise under it, but it may help you to answer some of them.

An abstract of the proceedings of the Conference on Medical Preparedness held at the headquarters of the Association, September 20, was published in *The Journal of the American Medical Association.* The applicability of the Conscription Act to medical students, to interns, to residents and to physicians generally were among the topics explored during the conference. . . .

Yours truly,

J. W. HOLLOWAY, JR.,
Acting Director, Bureau of Legal Medicine and Legislation.

* * *

Exacting Teamwork Required in Selecting Emergency Army

The physical selection and care of the army, a task which always necessitates the most exacting and unremitting work on the part of highly trained men, in time of emergency requires even greater organization and teamwork, George A. Skinner, M. D., Berkeley, California, points out in the October issue of *Hygeia, the Health Magazine.*

"It is still necessary," he declares, "to have an army largely composed of carefully selected, physically fit youth, if it is to operate successfully under all conditions, particularly the unexpected ones that always develop in actual combat." The substitution of older men or of those who are partially incapacitated physically, he says, will not work because such men rapidly break down under stress, requiring at least one man and often two or three to care for each disabled individual. Men who have passed the entrance examination generally resist most of the usual causes of disability.

The examination usually begins by putting the candidates through various exercises to determine whether all joints are normal. "The general examination for hernia, hemorrhoids, condition of the feet, skin, and glands may then be made," Doctor Skinner says. "The eyes, ears, nose, throat, teeth, heart, lungs, and nervous system are examined individually by specialists in these fields.

"At each point the printed physical examination form which the man keeps with him during the examination is taken by an attendant and a record of observations is made. At any point in the examination, if a question arises, the candidate is referred to a board of specialists for further examination. When all the findings are approximately normal, military clothing is provided for the individual. For this he is carefully measured, particularly his feet. He is required to stand on each foot while a load approximating his pack is placed on his back. The shoes he is given are larger than those he has been accustomed to wearing, but after he has marched during physical training exercises, he soon realizes the comfort of these more roomy shoes.

"New men are vaccinated as soon as possible against smallpox and typhoid fever. Tetanus (lockjaw) preventive may also be added.

"Military training starts at once and the men are gradually accustomed to physical exercise. Many minor defects exist among accepted men and these are listed for correction by the medical department as rapidly as possible. Personal cleanliness and the care of the feet and teeth must be a part of every soldier's training.

"The food supply of the army is most important. One of the duties of the medical department is to inspect food, not only before it is prepared but during its preparation and serving.

"With every group of men, contagious diseases soon appear. This is so predictable that it is often customary to isolate all new arrivals at training centers until a reasonable quarantine period has passed. With the first appearance of symptoms of a contagious disease, the suspect is at once removed to the hospital for further observation.

"It is not easy to keep an army physically fit, but it can be done to an extent that would have been unbelievable to army leaders two generations ago. Disease is now expected to cause less disability than injuries, but this has only been accomplished within the last half century. Previously battle injuries were far less than the disabilities caused by sickness."

* * *

Preparedness Program Geared for Military and Civilian Nursing

After twenty-two years of disaster fighting and caring for the emergency ills of a nation at peace, the American Red Cross Nursing Reserve again is being called for active duty with the United States military forces.

Moving swiftly to meet the nursing needs of a growing army and navy, this army of trained, uniformed women already is answering the call to national defense. Their ranks will grow with the progress of conscription, according to military plans. By next July, four thousand nurses will be called by the Army to augment the corps of one thousand Red Cross nurses who have been serving the peacetime forces.

Should the need arise, the Red Cross potentially can summon a nursing corps of 43,000—the full strength of its present nursing reserve. These women trained in hospitals throughout the country have met qualifications laid down by Red Cross nursing authorities. More important, they have pledged themselves for duty on a moment's notice in time of emergency, whether it be war, disaster or epidemic.

National defense measures being taken by the Red Cross Nursing Services are not confined to providing nurses for the army and navy, it was pointed out here by Miss Mary Beard, national director. Civilian nursing in time of national emergency is a vital factor being considered in the current defense program, she said.

Plans call for making available to the military forces, if necessary, 17,000 nurses, who comprise the first reserve. The remainder of the 43,000 Red Cross nurses would serve "behind the lines," ready to meet such emergencies as the epidemic influenza of the first World War and the threat of national disaster.

Despite the large number of nurses now enrolled in its reserves, the Red Cross has embarked on a program to strengthen the number to provide the best corps obtainable in the event of national emergency.

An equally vital part of the defense program of the Red Cross Nursing Service will be the recently announced plan to train "nurses' aides" in major metropolitan hospitals. The practicability of the project was determined when a selected group of Washington women were given a special course consisting of one hundred hours of lectures, classroom practice, and practical field work under the direction of the registered nurses.

* * *

Plans for Preventive Measures Against Syphilis and Gonorrhea: Protection of Armed Forces of the United States

A major educational offensive to defend America's armed and industrial forces against the threats of syphilis and gonorrhea was recently launched by the United States Public Health Service.

Surgeon-General Thomas Parran, in a letter to State Health Officers, announced plans to acquaint every man registering on October 16 under the Selective Service and Training Act with the facts about syphilis and gonorrhea and their relation to national defense, and urged that registrants have blood tests for syphilis.

"Registrants for America's first peacetime draft," Doctor Parran pointed out, "make up the age group in which is concentrated most cases of infectious syphilis. Blood tests of this group will lead to the discovery of a large number of cases of syphilis in the stage of the disease during which treatment is most effective. Stopping the spread of syphilis among this group would bring the control of syphilis among the whole population nearer by many years."

In the first World War venereal disease ranked as the third highest cause of disability. Almost 350,000 officers and men received treatment during the year and a half the United States was in the war. "Men infected with syphilis or gonorrhea and untreated cannot efficiently perform their duty of defending America," Doctor Parran said.

"Discovery and treatment of syphilis among registrants now will increase the reservoir of men available for active and efficient duty in the armed forces and in industry. An educational campaign coördinated with an extensive blood-testing program will not only discover many hidden cases, but with the facts about syphilis in the hands of all young men between twenty-one and thirty-six, we may expect a reduction in the number of new infections."

To open the nation-wide educational program, plans have been laid to provide each of the 16,500,000 registrants with a leaflet urging that he take a blood test as part of an initial check on his physical fitness. The Public Health Service has prepared "mats"—moulds from which type forms are cast—so that each State and large cities can print the folders economically and quickly.

Posters and other educational materials are being developed in coöperation with state and local health authorities for use on registration day and for concerted campaigns during the next few months.

The program will emphasize the importance of everyone having a blood test made by his physician, or in a public clinic if he is not financially able to pay for a test by a private physician. Infected persons will be urged to obtain expert medical care at once.

* * *

NEWS ITEMS ON MEDICAL PREPAREDNESS

* * *

More Guardsmen Face Mobilization

37,000 Additional Slated to Go Into Active Army Duty

Washington, September 19 (AP).—Tentative plans for calling 37,000 more national guardsmen to active duty in November were announced today by Secretary of War Stimson, while airmail planes rushed master copies of civilian draft registration forms to central points in each state. . . .

Army officials computed that they would need 32,000,000 registration cards, 24,000,000 registration certificates and 24,000,000 questionnaires. No explanation was given as to the size of these figures when compared with the 16,500,000 who are to be registered.

Committee Named

At the White House, the day produced the appointment of a committee to coöperate with the National Defense Commission on all phases of public health.

President Roosevelt, acting under the authority of a 1916 law, named a group of five headed by Dr. Irvin Abell of Louisville, Kentucky, chairman of the board of regents of the American College of Surgeons. Other members are Dr. Lewis H. Weed, chairman of the division of medical sciences of the national research counsel; Rear Admiral Ross T. McIntire, surgeon general of the Navy and White House physician; Major General James C. Magee, Army surgeon general, and Dr. Thomas Parran, head of the public health service.

For Examinations

McIntire said problems for the committee would be mustering 16,000 physicians to examine men called under the draft act, and seeing that military needs for medical help were filled without upsetting the "civilian side" of medical care. . . .—San Francisco *Examiner*, September 20.

* * *

Medical Defense Should Keep Abreast of Times

United States Surgeon General Thomas Parran says in a report that this country is woefully unprepared in medical defense.

She has stores of opium and morphin, but she is lacking in many of the essentials which would be required to preserve the health of an army operating in South America. Quinin supplies from the East Indies are practically cut off. Nor are there large scale hoards of medicine with which to fight malaria. Likewise the country has an insufficient amount of vaccine to combat yellow fever.

These deficiencies are serious, yet Parran considers other conditions concerning medical defense equally insecure. For instance, he urges the appointment of a coördinator of medical and health preparedness and a survey of physicians and technicians since some 7,500 doctors alone are needed for each 1,000,000 men under arms.

* * *

The World War, he says, resulted in some counties being stripped of their medical men while the staffs of some medical schools and hospitals were depleted of physicians.

Furthermore, intensive medical supervision he holds is necessary for the civilian population engaged in preparedness activities. Sickness at such a time is a drain upon the effectiveness of any national effort.

Undoubtedly he is not overstating the part which medical preparedness plays in any movement to stiffen the national backbone. Preparation on this front is exceedingly important because if it is neglected much of the effort to acquire impregnable defense becomes lost motion.—Fresno *Bee*, October 2.

* * *

Great Force of Physicians Is Prepared for Army Service*

Washington, October 2.—When "MM Day"—medical mobilization day—arrives more than 5,000 physicians will be in uniform.

Today at least 500 already have been called from the officers reserve corps and national guard ranks to go into active duty training and prepare for the physical examination of the first contingent of 400,000 men who will be called for a year of service. More than 200 reserve flight surgeons have been called by the air corps. In addition thousands will serve as examining officers on local draft boards to eliminate men with major physical defects.

The American Medical Association already has taken a census of its more than 100,000 member physicians, listing their ages, training, specialty, marital status, reserve commission if any, number of children and other pertinent data.

All of the facts are recorded on punched cards for immediate reference by army, navy or marine corps officers.

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* By Stephen J. McDonough, Associated Press Science Writer.

Can Supply Wants

For instance, if the army should need an orthopedic surgeon for special duty at any camp or post in the country, the association, within a comparatively few minutes, can sort out the names of all the orthopedic surgeons in nearby states for possible enlistment.

The association said in an editorial in its journal that "the duty of the physician associated with the draft board is one of the utmost importance in relationship to securing a proper personnel for military service" in order to choose the most fit and detect malingerers trying to escape service.

The purpose of the present organization of medical examinations "is to eliminate to a certain extent the number of men who are ordered into service and subsequently have to be rejected, and to eliminate as far as possible the responsibility of the Government to individuals who will be without military value."

Physicians in Reserve

Virtually every physician graduated during the past twenty years has received a commission in the Officers Reserve Corps and most of these have been kept in force.

The army at present could call any Reserve Corps physician holding the rank of captain, colonel, or general, and after October 16 any physician may be called, whether he is a country practitioner or a noted specialist in brain surgery.

The ratio of medical men to other soldiers will be approximately one per company as the recruiting proceeds, counting diagnosticians, ophthalmologists, psychiatrists, x-ray specialists, and surgeons attached to various units or working in army hospitals. In addition, at least 70,000 nurses, inspectors, technicians and laboratory workers will be called into service.

Will Take Specialists

Officers of the army and navy medical corps say many of the top-ranking members of the profession will be recruited just as leading industrial experts are being taken from their jobs.

"However," they added, "all the cream will not be skimmed" from the medical profession now in private practice because it is equally as necessary to maintain the health of the civilian population as that of the armed forces.

The studies of medical students and internes will not be interrupted under the medical recruiting program, they added, since a continuous flow of trained medical men is needed and the men in training will be more valuable as officers than in duty in the ranks.—Sacramento *Bee*, October 2.

* * *

Draftee Physical Standards Set

Washington, October 23 (AP).—Physical standards for men to be drafted into the army, as published today, will include:

Height—Sixty inches minimum and 78 inches maximum.

Weight—One hundred five pounds minimum (those whose weight is so great as to interfere with training will not be accepted).

Eyesight—Normal vision or a minimum sharpness of 20-100 in each eye, which can be corrected with glasses to 20-40 (the 20 represents the distance of 20 feet which a patient stands away from a test chart, and the 40 represents the size of the type on the lowest line of the chart which he can read; since 20-20 is normal vision, 20-40 is roughly half of normal).

Hearing—Normal hearing (the ability to hear a low conversational voice at 20 feet with each ear separately) or minimum hearing in each ear of 10-20 (which means ability to hear at 10 feet the conversational voice which a normal ear can hear at 20 feet).

Diseases—Mild cases of many diseases will be overlooked, but those with such diseases as cancer, active tuberculosis, acute rheumatic fever, osteomyelitis, chronic arthritis, and late syphilis will be rejected. Evary man examined for possible army service will be given a blood test for syphilis.

Teeth—A minimum of three chewing teeth above and three below, meeting each other, and three cutting teeth above and three below, also meeting. Teeth which have been or can be easily restored will count, as well as bridgework.

Feet and Hands—Some defects are permissible, such as an absent left thumb, loss of two fingers of either hand, except where the two are the right index and middle finger, a slight club-foot, web fingers and toes unless severe, and absence of one or two small toes if the foot otherwise is good.

Minimum standards for men of various heights follow:

Inches	*Weight*	*Chest Measure With Breath Exhaled*
60	105	28¾
65	115	30
70	133	31¼
75	153	32½
78	165	33¼

Those are not standard weights and measures, but the minimum for acceptance. From 60 through 66 inches, two additional pounds of weight are required for each additional inch in height. From 67 inches up, four extra pounds are required for each inch.—San Francisco *Call-Bulletin*, October 23, 1940.

* * *

Conscription Dodge Tricks Are Exposed

Washington, October 23 (AP).—A book that is wise to all the tricks and artful dodges will aid selective service medical examiners in exposing fakers who attempt to evade the draft by pretending to be ill or disabled.

Going out from national draft headquarters to the forty-eight states today, the volume contains physical standards for men to be drafted into the army. The standards are slightly less exacting than regular army requirements.

List Regulations

Broadly, the regulations state that, to be eligible for the army, a registrant "must be able to see well; have comparatively good hearing; have a heart able to withstand the stress of physical exertion; be intelligent enough to understand and execute military maneuvers, obey commands and protect himself; and be able to transport himself by walking as the exigencies of military life may demand."

Doctors attached to each local draft board will examine all men who are placed in Class 1—available for service—on the basis of their answers to the draft questionnaire which will be sent to all 17,000,000 men who registered last week. Questionnaires will be mailed in the order in which the serial numbers of draft-age men are drawn in next Tuesday's national lottery here.

Classifications

In the order of the lottery, Class 1 men will be given physical examinations and further classified as follows:

Class 1A—Men qualified for general military service (certain college students will be placed in Class 1D until the end of the present school term; certain conscientious objectors will be listed among the unfit).

Class 1B—Qualified for limited military service.

Class 4F—Totally and permanently disqualified.

It is anticipated that only those in Class 1A, about one man in every five registered, will be called for training under the present program. Others might be called in an emergency.

Tests for Registrants

Local doctors are instructed by the regulations to watch for malingerers who feign disqualifying physical defects and for patriots who attempt to hide defects in order to get into the army.

Men suspected of malingering may be reported to the national director, or to the local United States Attorney for prosecution. Those who maim themselves may be forced to serve anyway.

While discouraging disclosure of the tests they have designed to catch fakers, national medical officers warned that few tricksters would escape.

The doctors will be on the lookout for men who pretend to be blind or deaf, men who take drugs to cause abnormal heart action, who put sand under their eyelids to cause inflammation, who take fake crutches, or those who pretend insanity or epilepsy.

Liberal Rules

Positive tests are available for eyesight and hearing. Conflicting statements and talkativeness give away many. However, some fakes are difficult to expose. Complaints of pain are most frequent. Hysteria often occurs and causes confusion.

Otherwise, doctors are instructed to be particularly careful in examining for defects of vision and hearing, abnormal thyroid gland conditions, mental and nervous deficiencies, valvular disease of the heart, emotional instability and defects of the feet.

They also are advised not to construe the rules "too strictly or arbitrarily," but at the same time to go beyond the regulations if necessary.

Meanwhile, officials hastened efforts to complete arrangements for drawing the numbers in the lottery.

A crew of six will start work Friday afternoon to put each of the 7,500 or more serial numbers in nontransparent capsules for the drawing.

On Monday, three crews of thirty will receive instructions for conducting the twelve- to fifteen-hour drawing after Secretary Stimson and other dignitaries have opened the lottery by selecting the early numbers.

Arrangements have been made for three unchangeable, permanent records of the order in which the numbers, to be used everywhere in determining when men will be called to service, are drawn in the lottery.

Master Number List

Each numbered slip taken from a capsule will be photographed on a strip of film and then attached with permanent cement to a master list. The list then will be photographed for reproduction and distribution to all draft boards. Both sets of photographs and the glued-up master list will be preserved in the national archives.—San Francisco *Call-Bulletin*, October 23, 1940.

COMMITTEE ON PUBLIC HEALTH EDUCATION†

Your Committee on Public Health Education has been greatly encouraged during the past month by the number of inquiries received from individual members of the California Medical Association asking for speech material to use before groups for talks either on the subject of state-controlled medicine or on other medical subjects. The Committee feels that this evidence of interest from various parts of the state indicates a growing realization of the necessity of informing the public of the advances in scientific medicine and the efforts of doctors of medicine to constantly better serve the public.

At the same time it should be pointed out that the Committee on Public Health Education has forwarded sets containing forty-nine speeches each, two of which are on the subject of state-controlled medicine, to the secretaries of county medical societies in the state, except in San Francisco, Los Angeles and San Diego counties, where the speeches were sent to the chairmen of the Speakers' Bureaus. The purpose was to make this speech material readily available to doctors of medicine who receive requests to make talks. These sets of speeches will be augmented during the next few months.

The Committee reports increased interest in the essay contest for students of high schools and junior colleges and students in private schools of comparable grades and in the motion picture scenario contest. Some of this interest was aroused by newspaper publicity, despite the difficulty of securing publicity at this time due to world conditions, and a large part of the increased interest in the scenario contest resulted from direct contact with the scenario writers by the Public Relations Counsel. Both of these contests close on November 15, after which judging will take place as quickly as possible.

Interesting results are expected from the experiment of providing medical literature for college students to explain the relative rôles of scientific medicine and those of various cultists. This experiment, started last spring, is being watched closely at Pomona, Scripps, and Claremont colleges with the entering freshman classes and the final report will be submitted within the next month. R. M.

† The Committee on Public Health Education was established through Substitute Resolution No. 6 at the Del Monte annual session, May 3, 1939.

The Committee on Public Health Education consists of Frank R. Makinson, chairman, Oakland; Philip K. Gilman, secretary, San Francisco; Samuel Ayres, Jr., Los Angeles; Thomas A. Card, Riverside; Lowell S. Goin, Los Angeles; Junius B. Harris, Sacramento; Harry H. Wilson (ex officio), Los Angeles. Mr. Ross Marshall is the Public Relations Counsel of the Committee, and may be addressed at 408 South Spring Street, Los Angeles (telephone TUcker 2312), or 244 Kearny Street, San Francisco (telephone YUkon 2212).

COMMITTEE ON POSTGRADUATE ACTIVITIES†

State Board of Public Health: In re Plan of Coöperation for Postgraduate Conferences

(Copy)

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
SACRAMENTO

October 3, 1940.

George H. Kress, M. D.
California Medical Association
450 Sutter Street
San Francisco, California

Dear Doctor Kress:

The State Board of Public Health is interested in postgraduate training for physicians, and would like to have a copy of the plan which has been adopted by the California Medical Association.

Would it be possible to furnish me with a copy of the proposed schedule for 1940 and 1941.

Very truly yours,

BERTRAM P. BROWN,
Director of Public Health.

* * *

(Copy)

San Francisco, October 12, 1940.

Bertram P. Brown, M. D.
Director of Public Health
313 State Building
San Francisco, California

Dear Doctor Brown:

On my return from a series of visits to county medical societies in the southern section of the State, I find your letter of October 3.

Under separate cover, I am sending you the following:

Five-Year Program Outline of November, 1937

Five-Year Study Program of October, 1938

Pamphlet, "Suggestions to District and County Postgraduate Committees."

The Foreword and general information text in the October, 1938, Supplement of CALIFORNIA AND WESTERN MEDICINE outline the general plan of the courses that are offered.

The pamphlet indicates lines of possible approach.

A 1939 Supplement has not been printed because there has been no material change in the plan of organization or in the list of courses.

If your department has kept its file of CALIFORNIA AND WESTERN MEDICINE, you will find the references to postgraduate work in the semi-annual indexes which appear in the June and December issues.

Department 6 of the index has the caption, "California Medical Association Proceedings." Postgraduate reports are listed under the subheading, "Committee on Postgraduate Activities."

If you will refer to these reports you will be able to visualize somewhat the work we are trying to do.

May I express the hope that it will be possible for us to have a conference some time to talk over these matters? In the past we have availed ourselves generously of the

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary, who is secretary ex officio of the Committee on Postgraduate Activities.

coöperation of the California Department of Public Health. The work can be greatly promoted if the Committee on Postgraduate Activities of the California Medical Association, and similar bureau of the California Department of Public Health and the four medical schools work hand in hand to develop a comprehensive program in our State.

I would be very happy to take this up with you at any time at your convenience.

If I can be of further service, feel free to inform me.

Cordially yours,

GEORGE H. KRESS,
Secretary, California Medical Association
Committee on Postgraduate Activities.

* * *

(Copy)

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
SACRAMENTO

October 15, 1940.

George H. Kress, M. D.
Secretary, California Medical Association
San Francisco, California

Dear Doctor Kress:

On my return to San Francisco, I find your letter of October 12, giving reference to the plan for postgraduate work of the California Medical Association.

The material, which you state is being sent under separate cover, will be read with interest.

I note, with genuine pleasure, in the closing paragraph of your letter your expression of a wish to have a conference at some time in the future. We, in the Department of Public Health, feel there is so much of mutual interest in a close working arrangement between the California Medical Association and the Health Department that I want to take this opportunity to assure you that I am personally very much interested in getting better acquainted with our mutual problems. There will undoubtedly occur times when the facilities of the State Department of Public Health can be of some aid in the solution of these problems. As soon as Dr. Amos Christie returns from the conference at Detroit, I will get in touch with you and arrange a time for the conference.

With kind personal regards, I am

Sincerely yours,

BERTRAM P. BROWN,
Director of Public Health.

* * *

Tri-County Clinical Conference (Monterey, Santa Cruz, and San Benito)

Under sponsorship of Monterey County Medical Society, a tri-county clinical conference was held at Salinas and Hotel Del Monte. On October 3, in the afternoon, at Monterey County Hospital in Salinas, and in the evening, at Hotel Del Monte.

Program follows:

Part I. Afternoon Clinical Conference.—This was held at the Monterey County Hospital in Salinas, from the hours of 2 to 5 p. m., on Thursday, October 3.

The guest speakers were: Ludwig A. Emge and Charles F. Fluhmann of the Stanford Faculty, who discussed problems in obstetrics and gynecology in relation to patients presented. Doctor Fluhmann gave special attention to endocrine phases.

Part II. Dinner Meeting at Hotel Del Monte.—The dinner was held at 7 p. m. at Hotel Del Monte, after which Doctor Emge discussed the subject, "Toxemia in Pregnancy."

* * *

University of California Medical School to Give New Refresher Course

Plans for an intensive refresher course for physicians are now being made by the University of California Medical School, it was announced recently. The course, designed to acquaint practicing physicians with the progress of research during the past few years, will be held in Toland Hall, University of California Hospital, San Francisco, from January 6 to 8, 1941.

The program, dealing generally with the clinical aspects of dermatology, will include discussion of various common skin diseases, including tumors. Surgical aspects of dermatological problems will be considered and there willl be lectures on infectious diseases.

The dean's office of the medical school will supply any physician with complete information about the course, on request, it was announced.

* * *

Clinico-Pathologic Conference in Contra Costa County

The Secretary of the California Medical Association Postgraduate Committee received the announcement of a Clinico-Pathologic Conference, conducted by the Contra Costa County Medical Society on October 8. The notice of the meeting is here reprinted for such suggestive value as it may have to committees of component county societies who may be wondering along what lines to present appealing programs:

(Copy)

CONTRA COSTA COUNTY MEDICAL SOCIETY CLINICO-PATHOLOGICAL CONFERENCE

Tuesday, October 8, 1940, 8 p. m.

("Dr." Charlie Chan, will you explain this case to me?)

The patient, a white male of forty years, well developed and well nourished, was admitted to the hospital on July 30 in a stuporous, semi-comatose condition.

Present Illness.—According to his wife, patient became ill four days previously, complaining of abdominal cramps localized chiefly in the epigastrium; he vomited once. The next day, subjectively better, he took fluids, but as his condition improved he ate a soft diet. Pain in his abdomen disappeared, but four days after onset of illness the patient became definitely worse, was restless, apprehensive, perspired freely, had a staring expression; and lapsed into a coma. He vomited once; there was no hemoptysis.

(Has a first impression formed itself in your mind?)

Physical Examination.—The patient was comatose on admission, opened his eyes only upon being violently shaken, did not answer questions or converse. Rectal temperature 98.6, pulse full, strong and regular; sweetish odor to the breath; perspiring freely. No contusions or lacerations of the head; face swarthy, slightly cyanotic, no muscular weakness. Pupils large, round, equal, fixed in mid-line, reacted to light; retinal vessels moderately tortuous, some AV notching, upper margins of discs blurred; conjunctivae injected, sclerae moderately chemotic. Lips dry and crusted; tongue in mid-line. Teeth dirty and carious; throat not visualized. No stiffness of neck, palpable thyroid or tracheal tug; moderate venous congestion in neck, marked carotid pulsation. Respirations 40 per minute, slightly irregular, shallow, noisy, semi-stertorous, drowning out breath sounds; chest resonant to percussion. PMI of heart 11½ cm. to left of MSL, rhythm regular, rate 90 per minute, tones forceful, no murmurs discerned. BP 120/80. Abdomen distended, tympanitic; no organs or masses palpable, no audible peristaltic sounds; no fluid or spasticity. External genitalia normal; rectal not done. Tendon reflexes present in upper extremities, absent to weak in lower extremities; abdominal and cremasteric reflexes absent; Babinski questionable bilaterally at first, later positive on right. Extremities without gross abnormality, edema, or evident weakness.

(Ready with your diagnosis? . . .)

Laboratory.—Urinalysis gave greenish-black color to Benedict's test, two plus acetone, no albumin; microscopically (centrifuged) 10 WBC/HDF, few red cells. WBC numbered 8,100, with PMN 12 per cent, Stab 55 per cent, Granulocytes 7 per cent, SL 26 per cent. Spinal fluid clear, pressure greater than 30 mm. of mercury. Blood sugar—after glucose solution intravenously—231 mgm. per cent.

Course.—Eight hundred c.c. of blood removed by phlebotomy; spinal fluid pressure reduced to normal levels by drainage; routine treatment for diabetic coma instituted. Except for gradual rise in temperature to 103.5, condition remained static for several hours. Then convulsive twitching of right side of face appeared, spread to entire face and then to entire body, clonic in character, resembling epileptic convulsions, with cyanosis, and lasted forty-five seconds. Then patient relaxed, seemed to breathe easier, and mumbled a few words indistinctly; his pulse gradually disappeared and, in spite of stimulants and oxygen administered, he expired about eight hours after entering the hospital.

(Now loosen your collar and put out your neck—
"My diagnosis is ———" then come to the Conference and see where the ax falls.)

* * *

Doctors at Work!

When doctor meets patient, drama begins. . . .

Doctors at Work in office, hospital, clinic—or at your bedside. Whenever or wherever you need them, doctors are ready.

Doctors at Work will be on the air, presented by the American Medical Association in coöperation with the National Broadcasting Company (Blue Network). On the air every Wednesday, 7:30 p. m. Pacific standard time, November 13, 1940 to June 4, 1941.

* * *

Sixth Annual Postgraduate Lecture Series: San Joaquin County Medical Society

The *Committee on Postgraduate Activities* of the San Joaquin County Medical Society, C. A. Broaddus (Chairman), Samuel Hanson, John Eccleston, C. V. Thompson, Langley Collis, and A. L. Van Meter) arranged the following program for the sixth annual postgraduate lecture series of the San Joaquin County Medical Society.

October 17 (Thursday evening at 8 o'clock). The meeting was held in the Medico-Dental clubrooms: (1) "Management of Abnormal Bleeding in Gynecologic Cases," by Dr. Daniel G. Morton; (2) "Management of Hemorrhage in the Last Trimester of Pregnancy," by Dr. Thomas Hayden.

October 24 (Thursday evening at 8 o'clock). Place of meeting, through the courtesy of Dr. William Friedberger and Doctor Barnes, was the San Joaquin General Hospital. Program: "A Medical Clinic." Conducted by Dr. William J. Kerr.

October 31 (Thursday evening at 8 o'clock). The meeting was held in the Medico-Dental clubrooms. Dr. Hans Lisser spoke on the topic, "The Fat and the Lean."

November 14 (Thursday evening at 8 o'clock. This is to be a joint meeting at St. Joseph's Hospital, in coöperation with the hospital staff). The subject, "Cancer of the Large Bowel," will be discussed by Dr. Robert Scarborough.

November 28 (probable date). Through the courtesy of Dr. William Friedberger and Dr. George Wever, it is hoped to have "A Medical Clinic" at the San Joaquin General Hospital, to be conducted by Dr. Dwight L. Wilbur.

December 19. Dinner at the Clark Hotel at 7 p. m. Dr. L. R. Chandler, Dean of the Stanford Medical College, will speak on the subject, "Intestinal Obstruction in Infants and Children."

C. M. A. DEPARTMENT OF PUBLIC RELATIONS†

Abstract of Minutes of the Thirtieth Meeting of the Committee on Public Relations of the California Medical Association*

Held in San Francisco on Sunday, September 15, 1940, in the offices of the Association.

1. *Call to Order.*—The meeting was called to order by Chairman Donald Cass. Present were: Donald Cass, Chairman; Henry S. Rogers, President-Elect; Charles A. Dukes, Past President; Dwight L. Wilbur, Chairman of the Committee on Postgraduate Activities; George G. Reinle, Chairman of the Committee on Medical Defense; and George H. Kress, Association Secretary.

2. *Minutes.*—Minutes of the twenty-ninth meeting of the Committee were approved as previously circularized.

3. *Basic Science Law.*—Discussion of the fourth draft of the proposed basic science initiative law was had, Legal Counsel Peart informing the Committee that this draft incorporated all changes considered at previous meetings and minor modifications in legal phraseology.

A change was approved in the provision for reëxamination of applicants failing to make a 75 per cent grade in their examination.

The Committee voted to send a letter to the two state dental associations relative to their coöperation in the initiative campaign.

Discussion was had on the question of including a provision to permit amendments to the initiative law to be made by the legislature. Association Secretary Kress was instructed to check with the American Medical Association on whether other states with basic science laws had encountered much demand for amendment of their laws. It was agreed that if other laws had not been subject to much amendment it might be well to omit from the proposed initiative the provision for legislative amendment.

4. *House of Delegates' Resolution No. 30.*—House of Delegates' Resolution No. 30 (fees in county hospitals) as introduced at Coronado was considered. Plans in operation in Alameda County were discussed and agreement was had that these plans had much to commend them. Chairman Cass agreed to send in to the Council a supplementary report on this resolution.

5. *Resolution No. 14.*—Resolution No. 14 (expert testimony) was discussed and difficulties encountered in handling this situation were brought out.

Legal Counsel Peart estimated at $500 the cost of obtaining copies of transcripts of testimony of members of the medical profession who appeared as experts in a number of subjects in court actions. It was felt that this approach to the problem might offer beneficial results, and Chairman Cass agreed to confer with authorities in the South and to make a later report.

6. *Adjournment.*

DONALD CASS, *Chairman.*
GEORGE H. KRESS, *Secretary.*

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† The complete roster of the Committee on Public Relations is printed on page 2 of the front advertising section of each issue. Dr. Donald Cass of Los Angeles is the chairman, and Dr. George H. Kress is the secretary. Component county societies and California Medical Association members are invited to present their problems to the committee. All communications should be sent to the director of the department. Dr. George H. Kress, Room 2004, Four Fifty Sutter Street, San Francisco.

* A complete copy of these minutes is available at the offices of the California Medical Association for inspection of all members.

CANCER COMMISSION OF THE CALIFORNIA MEDICAL ASSOCIATION†

A two-day conference on stomach cancer was held on October 11 and 12 at the National Cancer Institute of the National Institute of Health with an address by Dr. Thomas Parran, Surgeon-General of the United States Public Health Service.

This conference—the first of its kind in America—was sponsored by the National Advisory Cancer Council, headed by Surgeon-General Parran, and brought together leading physicians and scientists for an intensive consideration of research and clinical problems relating to the control of cancer of the stomach. It was called on the recommendation of the Cancer Council's committee on the coordination of cancer research and grants-in-aid, of which Dr. George M. Smith of Yale University is chairman.

Doctor Parran's address was followed by a discussion on cancer statistics and the hereditary and occupational aspects of gastric cancer. Dr. S. D. Collins, principal statistician of the National Institute of Health, United States Public Health Service, led the discussion and participants included Dr. C. C. Little of Bar Harbor, Maine, director of the Roscoe B. Jackson Memorial Laboratory, and Dr. Madge Thurlow Macklin of the University of Western Ontario Medical School, who discussed the hereditary aspects.

General participation on the part of all attending the conference followed the presentation of each subject.

The opening session also included a consideration of the importance of early diagnosis of cancer of the stomach and the various means of making these tests. A paper dealing with this subject was given by Dr. Rudolf Schindler of the University of Chicago, followed by a discussion led by Dr. James Ewing and Dr. Gordon McNeer of Memorial Hospital, New York, and Dr. Max M. Zinninger of the University of Cincinnati.

At the afternoon session, Dr. Alexander Brunschwig of the University of Chicago presented a paper on the physiology and biochemistry of the stomach. Discussion was opened by Dr. A. C. Ivy of Northwestern University.

Experimental production of cancer of the stomach in test animals was also considered at the afternoon's meeting. Dr. Harold L. Stewart of the National Cancer Institute gave the principal paper, and his presentation was followed by a discussion opened by Dr. W. U. Gardner of Yale and Dr. Egon Lorenz and Dr. M. J. Shear of the National Cancer Institute.

Speakers at the October 12 session included Dr. C. P. Rhoads, Director of Memorial Hospital, New York, who reported on anemia and deficiency diseases in relation to cancer of the stomach; Dr. Mont R. Reid, professor of surgery, University of Cincinnati, who told how cancer clinic material can be used for investigations; and Dr. Carl Voegtlin, Chief of the National Cancer Institute, who conducted a discussion on a proposed program for the study of cancer of the stomach.

Other participants who took part included: Dr. Leon Schiff of the University of Cincinnati, Dr. John J. Morton of the University of Rochester, Dr. A. R. Dochez of Columbia, Dr. Walter C. Alvarez of the Mayo Foundation, Dr. Shields Warren of the Harvard Medical School, and Drs. M. C. Winternitz and A. W. Oughterson of the School of Medicine, Yale University.

All the sessions were held at the new National Cancer Institute building at the National Institute of Health near Bethesda, Maryland. The cancer research laboratories, erected last year at a cost of $750,000, are considered the most complete in the world, and participants in the conference were given an opportunity to inspect the laboratories and the cancer research work now in progress at the Institute.

† For roster of members of the Cancer Commission of the California Medical Association, see page 2 in the front advertising section (bottom of the second column).

CALIFORNIA PHYSICIANS' SERVICE†

MEMBERSHIP

September, 1939	1,220
March, 1940	9,322
September, 1940	17,398
October 15, 1940	17,915

Among groups enrolled during the month of September are the following: General Steamship Corporation, Los Angeles; G. F. Thomas Dyeing and Cleaning Works, San Francisco; Bertsch Machine Works, San Francisco; Snyder Brothers, Knitting Mills, San Francisco; Key System-Oakland Yard Office; Westinghouse Electric Co., Oakland; Mazor Brothers, Oakland; Schumacher Brothers, San Francisco; California Builders Supply Company, Oakland; City of Emeryville; Sprouse-Reitz Company, Lodi, Los Angeles and San Francisco; Shell Development, Emeryville; Belli and Belli, Florists, San Francisco; Talbot-Bird Company, San Francisco; American Vineyard Company, Fresno; San Mateo Feed and Fuel Company; Tonkin Distributing Company, San Francisco; Barristers' Club, San Francisco; American Radiator and Standard Sanitary Company; Wilson, Johnson & Higgins, San Francisco; Hood Rubber Company, San Francisco; National Lead Company, Oakland; United States Flexible Metallic Tubing Company, Los Angeles; Merchants' Association of Bakersfield; Kelite Products, Inc., Los Angeles; "H" & "S" Club, San Francisco; Myer-Siegel & Company, Los Angeles; Employees of Commercial Department, Pacific Telephone and Telegraph Company, Fresno; George W. Caswell Company, Oakland; Field-Ernst Company, San Francisco; Schloss Manufacturing Company, San Francisco; Cloverleaf Products Company, San Francisco; California State Automobile Association, Oakland; Galen Company, Berkeley; Shasta National Forest Administrative and Clerical Employees; Office Employees of Union Pacific Railroad Company, San Francisco; Family Service Agency, San Francisco; R. A. Shuey Creamery, Oakland; Office Staff, Mark Hopkins Hotel, San Francisco; Pacific Fruit Exchange, San Francisco; Employees of Maxwell House, Division of General Foods, Los Angeles; Cloverdale Elementary School; McLeod Mercantile Company, San Francisco.

* * *

Continuing the review of statistics discussed in recent issues, information is now available for the months of June and July.

JUNE

During the month of June, when there were 14,065 beneficiary members throughout the state, 1,993 cases were treated by 1,109 of the 5,097 professional members. Thirteen thousand seven hundred four dollars and eighty cents was disbursed to professional members in payment for 10,151.7 units of service rendered, at a unit value of

† Address: California Physicians' Service, 333 Pine Street, San Francisco. Telephone EXbrook 3211. Alson Kilgore, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

$1.35. The average number of units of service rendered per doctor was 9.1, and the average check per doctor was $12.36.

Among the 21.8 per cent of the professional members throughout the state who participated during the month of June, the distribution of patients by doctors was as follows:

681	doctors saw	1	patient each
224	doctors saw	2	patients each
106	doctors saw	3	patients each
35	doctors saw	4	patients each
22	doctors saw	5	patients each
19	doctors saw	6	patients each
10	doctors saw	7	patients each
5	doctors saw	8	patients each
4	doctors saw	9	patients each
2	doctors saw	11	patients each
1	doctor saw	14	patients

The average number of visits per case was 2.92, and the average number of units per case was 5.09.

JULY

There were 15,608 dues-paying members throughout the state during July, out of which there were 2,219 cases treated by 1,199 professional members, representing 23.5 per cent of all professional members in the state. There were 11,073.5 units of service rendered, for which $14,948.23 was disbursed, at a unit value of $1.35. The average number of units of service rendered per doctor was 9.2 and the average check per doctor, $12.47.

The distribution of patients among doctors throughout the state was as follows:

706	doctors saw	1	patient each
264	doctors saw	2	patients each
120	doctors saw	3	patients each
39	doctors saw	4	patients each
28	doctors saw	5	patients each
15	doctors saw	6	patients each
9	doctors saw	7	patients each
4	doctors saw	8	patients each
7	doctors saw	9	patients each
4	doctors saw	10	patients each
1	doctor saw	12	patients
1	doctor saw	14	patients
1	doctor saw	15	patients

The average number of visits per case was 2.17, and the average number of units per case was 4.99.

* * *

Unit value for the month of August was established at $1.35. During the months of June, July, and August there was available for medical service payments, $52,112.98. Out of this sum, $7,415.80 has been set aside as a reserve to stabilize the value of the unit during the winter months when we can expect heavy demands upon the service.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (21)

Alameda County (1)

David Singman, *Berkeley*

Kings County (1)

Alberta R. Bassett, *Hanford*

Marin County (1)

Leonard H. Larsen, *San Rafael*

Mendocino County (1)

Louise E. Petty, *Talmage*

Placer County (1)

Arthur William McArthur, *Lincoln*

San Diego County (3)

Ruth Harmon Ray, *San Diego*
Allen M. Walcott, *San Diego*
Homer R. Wolfsen, *La Mesa*

San Francisco County (7)

Henry Marvin Hodgson, *San Francisco*
Francis Marion Jacks, *San Francisco*
George P. Lyman, *San Francisco*
Lowell A. Rantz, *San Francisco*
Donald R. Smith, *San Francisco*
Robert P. Watkins, *San Francisco*
Helen B. S. Weyrauch, *San Francisco*

San Joaquin County (1)

Robert Dyar, *Stockton*

Santa Barbara County (2)

J. L. Kalfus, *Santa Maria*
Thelma Perozzi, *Santa Barbara*

Santa Clara County (3)

Marguerite De Cola, *San Jose*
Ernest Hockenbeamer, *San Jose*
Dorothy Starks, *Palo Alto*

Transfers (5)

L. P. Borden, from Alameda County to Santa Clara County.

Mark Gerstle, Jr., from San Francisco County to Santa Clara County.

Henry Lane, from San Francisco County to Santa Clara County.

Edward Maher, from San Luis Obispo County to Santa Clara County.

Elmer W. Smith, from Marin County to San Joaquin County.

Resigned (1)

Josephine Jackson, from Los Angeles County.

† For roster of officers of component county medical societies, see page 4 in front advertising section.

Concerning absence in this issue of letters from county societies, see comment in October 1940 issue, on page 154.

In Memoriam

Cochran, Guy Hunt. Died at Los Angeles, October 7, 1940, age 67. Graduate of Columbia University College of Physicians and Surgeons, New York, 1900. Licensed in California in 1903. Doctor Cochran was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✝

Shulman, Leon. Died at Los Angeles, September 14, 1940, age 55. Graduate of the University of California Medical School, Berkeley, 1911, and licensed in California the same year. Doctor Shulman was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✝

Taylor, Robert Beverly. Died at San Francisco, September 15, 1940, age 36. Graduate of Creighton Uni-

versity School of Medicine, Omaha, 1933, and licensed in California the same year. Doctor Taylor was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✝

Zeller, Ward Clifton. Died at Visalia, September 26, 1940, age 66. Graduate of Ohio Medical University, Columbus, Ohio, 1897. Licensed in California in 1920. Doctor Zeller was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

✝

OBITUARY

Leon Shulman
1885–1940

The recent death at Los Angeles of Dr. Leon Shulman brings to an end the long service of the founder of the Jewish Consumptive and Ex-Patients Relief Association.

Doctor Shulman was born in France fifty-five years ago and received his degree from the University of California in 1911. He taught medicine at the University of Southern California from 1913 to 1919 and during the World War served as tuberculosis specialist at Camp Kearney. He had been chairman of the Board of Los Angeles Sanatorium since its establishment.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. A. E. ANDERSON.....President
MRS. WILLIAM C. BOECK.....Chairman on Publicity
MRS. KARL O. VON HAGEN..Asst. Chairman on Publicity

Alameda County opened the fall season with a reception at the Claremont Country Club, Dr. Gertrude Moore being the honored guest.

❊

The Fresno County Auxiliary has been approached by the local Junior Chamber of Commerce to help in establishing an abatement district for mosquito control. The same Auxiliary has formed a committee for allied relief.

❊

Mrs. H. W. Comfort of Fortuna entertained eighteen members of the Humboldt County Auxiliary.

❊

Los Angeles County boasts of an attendance of one hundred members on September 24, when Mrs. Robert Millikan's talk, entitled "Trailing a Scientist Through India," was thoroughly enjoyed. Mrs. William C. Boeck gave an account of the State Board meeting in Alameda County.

❊

Dr. Norris R. Jones, President of the Sacramento County Medical Society, complimented forty members of its Auxiliary on the splendid work accomplished during the past year.

That excellently organized and active Auxiliary in San Diego County plans to meet on the second Tuesday of each month. Health Education will be stressed by the membership this year, arrangements having already been made to place speakers on medical topics before the Girl Scouts, the Girl Reserves, the Boy Scouts, the Campfire Girls, and the Parent-Teacher groups. Speakers will address adolescent boys, adolescent girls, and a mixed group of adults at "Neighborhood House." Work is well under way on the survey being conducted by the Public Relations Committee, of which Mrs. Wilton Lewis is chairman, which will produce a valuable index system of the various organizations in San Diego. Over 225 organizations have been contacted and information obtained as to the number of members, whether or not they have a health program and whether or not they would desire or permit speakers to appear before them. The Auxiliary is also sponsoring a scholarship loan to assist worthy students in paying their expenses in medical schools.

❊

The San Francisco membership has decided to assist the British War Relief by giving a fashion talk and demonstration, the proceeds to supply medicine to the children of the British War Relief. Mrs. Eugene Kilgore and Mrs. Raleigh W. Burlingame were appointed chairmen of the event. Moneys recently raised for the Scholarship Fund have been sent to the Universities of Stanford and California.

❊

Ruth Comfort Mitchell (Mrs. Sanborn Young), gave the Santa Clara membership an interesting account of her trip to the Republican National Convention in Philadelphia. Approximately seventy members and guests were present.

❊

Mrs. A. J. Pederson will preside at the Santa Cruz meetings this year.

❊

The Solano County Auxiliary is eagerly looking forward to a visit from State President Mrs. A. E. Anderson on November 12. Extensive plans are being made to entertain her.

❊

Mrs. W. N. Steele, Jr., reports that the Stanislaus Auxiliary is embarking on a new project. It deals with occupational therapy for tuberculous patients at the County Hospital. The membership will give financial and moral support, as well as help to collect materials with which to work and will distribute the finished products.

The Eskimo population of the Western Canadian Arctic is showing a distinct and dangerous decline from tuberculosis and other diseases of the white man. The Rev. H. R. Rokey-Thomas, an Anglican missionary who has spent five years in a parish on Victoria Island which extends up into the neighborhood of the North Pole, has under his care 750 Eskimos of whom 70 per cent are ill with tuberculosis in varying stages. "There is certainly a definite down-trend in population, in my parish at least," says the missionary, "and that probably is true of other parts of the Western Arctic." He suggests that the provision of medical care and hospitals might go far toward solving the problem, but many obstacles would have to be faced and the cost would be heavy. Transportation would always be a problem but he is convinced that something should be done before Canada finds her Eskimo population shrunk to a pitiful remnant of its former thousands.—*Contact*, November, 1939.

†As county auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Karl O. Von Hagen, Assistant Chairman on Publicity, 2435 Nottingham Avenue, Los Angeles. Address of the Chairman on Publicity: Mrs. William C. Boeck, 712 North Maple Drive, Beverly Hills.

For roster of officers of state and county auxiliaries, see advertising page 6.

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings.†

California Medical Association, Hotel Del Monte, Del Monte, California, May 5–8, 1941.

American Medical Association, Cleveland, Ohio, June 2–6, 1941.

American College of Physicians, Statler Hotel, Boston, April 21–25, 1941.

American College of Surgeons, Chicago, October 21–25, 1940.

Medical Broadcasts.*

American Medical Association Series of Radio Programs: Every Wednesday, 7:30 p. m., Pacific Time, Over Blue Network.—*Doctors at Work* is the title of the sixth annual series of dramatized radio programs to be presented by the American Medical Association and the National Broadcasting Company.

The series will open on Wednesday, November 13, 1940, and run for thirty consecutive weeks, closing with a broadcast from the American Medical Association meeting at Cleveland on June 3, 1941. The program is scheduled for 10:30 p. m., Eastern standard time (9:30, Central; 8:30, Mountain; 7:30, Pacific time) over the Blue Network, other NBC stations, and Canadian stations.

The programs will dramatize what modern medicine offers the individual in the way of opportunities for better health and the more successful treatment of disease. Incidental to this main theme, the programs will explain the characteristics of the different fields of modern medicine and its specialties.

"Doctors at Work" will be broadcast from scripts by William J. Murphy, NBC script writer and author of many previous American Medical Association and NBC "shows" and other popular radio features. It will be produced under the direction of J. Clinton Stanley, director of "Medicine in the News," last season's successful American Medical Association and NBC health program. Supervision will be by the American Medical Association Bureau of Health Education, directed by Dr. W. W. Bauer.

Descriptive posters for local distribution may be had gratis from the Bureau of Health Education, American Medical Association, 535 North Dearborn Street, Chicago. Program titles will be announced weekly in *The Journal of the American Medical Association,* and monthly in *Hygeia, the Health Magazine.*

American Medical Association Broadcasts: "Medicine in the News."—The American Medical Association and the National Broadcasting Company have announced "Medicine in the News," on timely topics from medical news of the week. Thursdays, 4:30 p. m., Eastern standard time (1:30 p. m., Pacific standard time), Blue Network, coast to coast. Thirty weeks. Opened on November 2, 1939. Facts, drama, entertainment, music.

Pacific States:

KECA	Los Angeles	KEX	Portland
KFSD	San Diego	KJR	Seattle
KGO	San Francisco	KTMS	Santa Barbara
	KGA Spokane		

* * *

Los Angeles County Medical Association.

The radio broadcast program for the Los Angeles County Medical Association for the month of November is as follows:

Saturday, November 2—KFI, 9:45 a. m., The Road of Health; KFAC, 10:15 a. m., Your Doctor and You.

Wednesday, November 6—KECA, 11:15 a. m., The Road of Health.

Saturday, November 9—KFI, 9:45 a. m., The Road of Health; KFAC, 10:15 a. m., Your Doctor and You.

Wednesday, November 13—KECA, 11:15 a. m., The Road of Health.

Saturday, November 16—KFI, 9:45 a. m., The Road of Health; KFAC, 10:15 a. m., Your Doctor and You.

Wednesday, November 20—KECA, 11:15 a. m., The Road of Health.

Saturday, November 23—KFI, 9:45 a. m., The Road of Health; KFAC, 10:15 a. m., Your Doctor and You.

Wednesday, November 27—KECA, 11:15 a. m., The Road of Health.

Saturday, November 30—KFI, 9:45 a. m., The Road of Health; KFAC, 10:15 a. m., Your Doctor and You.

Postgraduate Symposium on Heart Disease: San Francisco Heart Committee.—The eleventh annual Postgraduate Symposium on Heart Disease by the San Francisco Heart Committee will be held in San Francisco on November 26, 27, and 28, 1940, as follows:

Tuesday, November 26—Morning and afternoon clinical sessions will be held at Stanford University Hospital. The evening session, covering technical demonstrations, will be held at the University of California Hospital.

Wednesday, November 27—Morning and afternoon clinical sessions will be held at the University of California Hospital.

Morning and afternoon public health sessions will be held at Mount Zion Hospital.

On Wednesday evening the annual dinner will be held, to which all those who are interested in the problems of heart disease prevention are invited. The speaker of the evening will be Chauncey D. Leake, Ph. D., Professor of Pharmacology, University of California Medical School. The subject will be "Harvey, the Heart, and War." A musical program will also be presented.

Thursday, November 28—Morning and afternoon clinical sessions will be held at the San Francisco Hospital.

A copy of the program and information regarding registration fees and other particulars may be obtained by writing to Dr. Richard D. Friedlander, Program Chairman, San Francisco Heart Committee, 604 Mission Street, Room 802, San Francisco.

† In the front advertising section of *The Journal of the American Medical Association,* a different roster of national officers and organizations appears each week, each list being printed in revised form about every fourth week.

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

Bovine Tuberculosis Conquered.—All but two counties in California are now free from bovine tuberculosis and these two counties will have their final test in December. In January, the United States will be free from bovine tuberculosis.

Dust Studies Undertaken.—At the request of the Bureau of Reclamation, United States Department of the Interior, arrangements have been made by the State Board of Health of California to conduct medical, engineering, and chemical investigations of the health hazards involved in the inhalation of pumicite dust during the excavation of this material for use in the construction of the Friant dam.

Lectures at Huntington Memorial Hospital, Pasadena: Physicians Invited.—The Board of Trustees of the Collis P. and Howard Huntington Memorial Hospital presents a series of three lectures by Dr. Walter C. Alvarez, consulting physician in the Division of Medicine at the Mayo Clinic, professor of medicine at the University of Minnesota (Mayo Foundation), and formerly professor of medicine at the University of California.

These lectures will be given in Culbertson Hall at the California Institute of Technology at eight o'clock in the evening. (Culbertson Hall is located on the corner of Wilson Avenue and East California Street, Pasadena.)

The dates and subjects are as follows: Wednesday, October 30, Abdominal Pain; Thursday, October 31, Peptic Ulcer; and Friday, November 1, Why a Nervous Breakdown?

Southern California Medical Association.—The Southern California Medical Association will hold its 103rd semi-annual meeting on Friday and Saturday, November 15 and 16, 1940, at the California Hotel, San Bernardino. An exceptionally fine program has been arranged which will include subjects of sufficient general interest to be of value to the specialist and general practitioner alike.

The Association is fortunate in having secured two fine guest speakers for this meeting. Dr. Thomas Addis, Professor of Medicine at Stanford University, will address the Association on the "Treatment of Nephritis." Dr. Frederick L. Reichert, Professor of Surgery at Stanford University, will discuss the problem of "Circulatory Disturbances in the Upper and Lower Extremities." The program will include, in addition to several papers of general interest, two symposia; one on "The Present Status of Hypertension," and the other on "Non-Malignant Diseases of the Colon."

The forthcoming meeting will, in addition to broadening our scientific knowledge, give us an opportunity to renew old friendships and make new acquaintances.

Officers for 1940: John B. Doyle, president, Los Angeles; Watie M. Alberty, first vice-president, San Diego; Ray B. McCarthy, second vice-president, Riverside; Edward W. Boland, secretary-treasurer, Los Angeles.

Councilors are: Robert W. Langley, Los Angeles; Merrill W. Hollingsworth, Santa Ana; William H. Barrow, San Diego; John C. Ruddock, Los Angeles; John B. Doyle, ex officio; Edward W. Boland, ex officio.

Board of Governors for 1940 include: F. M. Pottenger, Los Angeles; Egerton L. Crispin, Los Angeles; Joseph K. Swindt, Pomona; Charles T. Sturgeon, Los Angeles; Paul E. Simonds, Riverside; Raymond G. Taylor, Los Angeles; Fred B. Clarke, Long Beach; Carl R. Howson, Los Angeles; Bon O. Adams, Riverside; H. Douglas Eaton, Los Angeles; and Frank R. Nuzum, Santa Barbara.

Programs of the meetings may be secured from the secretary, Edward W. Boland, M. D., 2202 West Third Street, Los Angeles.

Laboratory Infections.—During August two cases of pneumonia occurred in the personnel of the research laboratory conducted by the State Department of Public Health in Berkeley. Both workers were critically ill with what is without a doubt a virus type of pneumonia, and as they were working with such viruses in the laboratory the infections were without doubt contracted there.

Latest Air-Raid Precautions Included in Building Red Cross-Harvard Hospital.—The American Red Cross-Harvard Hospital—a prefabricated 100-bed unit to be set up in England for the study of wartime epidemics under "siege" conditions—will be equipped with air-raid shelters, a score of shatterproof features, and a special camouflage against enemy air raiders. . . .

The hospital will consist of twenty buildings, Mr. Smith said. Plans call for using a special five-ply building board with an insulating core sandwiched between fire-resistant sheets. This will be bolted to a structural steel framework. Each unit will be painted to match the surrounding terrain as a camouflage.

At the end of each unit will be a vestibule arrangement to allow doctors and nurses to enter and leave without light escaping. Windows will consist of three parts: a shutter for blackouts, a special window of nonshatter celoglass, and a screen.

Ventilation experts in this country are devising means of circulating fresh air through the buildings while closed during blackouts. The ventilation system will include filters between wards as a precaution against transmitting disease germs. . . .

Results of the survey will be reported by the Red Cross and Harvard to the United States Public Health Service and the Surgeon-General of the Army and Navy.

Industrial Physicians and Employers to Convene on November 14.—Industrial physicians and manufacturers from all over the country will attend the American Conference on Industrial Health to be held on Thursday, November 14, at the Towers Club in Chicago. The conference will be sponsored by the American Association of Industrial Physicians and Surgeons, a 25-year-old organization.

This first meeting of the American Conference on Industrial Health has for its purpose the correlation of viewpoints of all persons who are interested in promoting industrial health. These include the employer, physician, industrial hygienist, labor, psychiatrist, insurance companies, public relations men, safety expert, and the legal profession.

Dr. Clarence O. Sappington of Chicago, well-known consulting industrial hygienist, and co-chairman of the committee with Dr. Edward C. Holmblad, stated: "We have invited the manufacturer and other persons to attend and participate in the convention so that we may prove the practical value and application of industrial health work, and so that they may realize how much time and money may be saved yearly by such measures."

Among the prominent speakers who will talk at the convention sessions are: Dr. Morris Fishbein, editor of *The Journal of the American Association*; B. C. Heacock, president of the Caterpillar Tractor Company of Peoria; Dr. Volney S. Cheney, medical director of Armour and Company; and J. M. Conway, representing the National Association of Manufacturers, New York.

The conference, which is scheduled to begin at 9:30 a. m., will conclude with a dinner session at which Doctor Fishbein and Mr. Conway will speak.

Migrant Problem in Southwest.—The National Tuberculosis Association has called a meeting of the Tuberculosis Secretaries of the Southwestern States at Santa Fe on October 28 and 29 for discussion of the migrant problem. Others interested in this problem in the Southwestern States have been invited to participate. The discussion will center around the "special measures needed to reduce the death rate in the high death rate states."

The meeting is timely following as it does the recent hearings of the Tolan Committee in San Francisco and preceding the announcement of the Tolan Committee report.

During the San Francisco hearings of the Tolan Congressional Committee the California Tuberculosis Association filed a brief setting forth four conclusions:

1. The migrant problem is almost unapproachable until uniform settlement laws are established in all states.
2. Provision should be made for medical and hospital care of transients found to have tuberculosis or other disease which might be communicated to residents of the states.
3. The Social Security policy of giving grants in aid to counties for maintenance of full-time health units should be continued.
4. There should be established a program of relief for migrants, details of such program to be sought from experts in that field.

Northwestern University Medical School.—Eighty fledgling doctors are among the students who are "living high" at Northwestern University this year in the new twenty-story Abbott Hall, believed to be the tallest building in the world used exclusively as a university dormitory.

Housing 850 students on the University's Chicago campus, where the medical and dental schools and the school of law are located, the new building is 210 feet tall and cost more than $1,750,000.

It is a city in itself, with shops, libraries, dining rooms, lounges, exercise facilities including bowling alleys and squash courts, and a recreational roof garden at the tenth-floor level. Across Lake Shore Drive is a new sand beach on Lake Michigan.

The building itself is L-shaped and is modified Gothic in style. It is built of Indiana limestone to conform with other buildings on the campus. Abbott Hall contains 2,200,000 cubic feet and is of completely fireproof construction.

The building was named for Wallace C. Abbott, founder of Abbott Laboratories, and his wife, Clara A. Abbott, from whose estate Northwestern University received last December a gift of $1,500,000 for use in medical, chemical, and surgical research.

Students in the medical school will live on the sixth, seventh, eighth, and ninth floors of Abbott Hall. Each residential floor accommodates fifty-six students and has two shower rooms, two lavatories, and a large lounge facing toward the lake.

Arrangements permit members of the fifteen fraternities which had occupied temporary residences near the campus to have a floor, or a part of a floor, for their exclusive use. Among fraternities using the building's facilities are several medical groups. The dormitory relieves congestion in near north side housing for some of the 1,200 students enrolled in the University's professional schools.

The skyscraper dormitory is the eighth structure on Northwestern University's Chicago campus, where the professional schools and the evening departments are located. In 1924, Mrs. Montgomery Ward gave more than $8,000,000 to build and endow the Ward Memorial building, which houses the classrooms and clinics of the medical and dental schools. . . .

Tuberculosis Statistics for California Counties.—The California Tuberculosis Association (45 Second Street, San Francisco) has brought off the press an interesting analysis of tuberculosis morbidity and mortality, in relation to California's counties. Copies of the table may be obtained from the Association for 15 cents each, postage prepaid.

Conjunctivitis Among Welders.—During the past year 746 cases of conjunctivitis among welders were reported in California, which number constitutes 13 per cent of all occupational diseases reported. The hazard is important since it can be prevented by wearing goggles or helmets fitted with glass of proper shade to filter out the injurious ultra-violet rays from the welding arc or torch.

Psittacosis Control.—During the month of August, 168 interstate shipping certificates were issued by the State Board of Public Health of California for 2,678 shell parrakeets and 204 larger psittacine birds. Also, ninety-eight shell parrakeet aviary inspections were made.

A fatal case in Long Beach was investigated. The patient was a pet shop operator. Postmortem tissue was found to be positive for psittacosis, also three shell parrakeets in her pet shop were infected. One of these birds was actively shedding the virus in nasal discharges.

Advances in Treating Syphilis.—Recent advances in methods of treating syphilis will be described to practicing physicians in a postgraduate course to be given here on January 6 to 8, 1941, by the University of California Medical School.

The course, designed to acquaint practicing physicians with newest research developments in various fields of dermatology, will deal with the principles of treatment in early, latent and late syphilis; fever therapy as an adjunct in the treatment of neurosyphilis and the newly developed "five-day" treatment now undergoing clinical tests at Mount Sinai Hospital in New York.

Other research developments to be covered in the three-day course will concern precancerous skin conditions; vitamin treatment of skin disease; immunization for poison oak and allergy in dermatology.

A complete program will be sent by the Dean's Office of the University of California Medical School, San Francisco, to any physician interested.

Scientists Warn on Plane-Carried Mosquitoes.—Development of more effective control measures is needed to insure against epidemics that may be started by airplane transport of disease-carrying mosquitoes to uninfected parts of the world.

This is a warning voiced in a new book, "Mosquito Control," written by Dr. William B. Herms of the University of California College of Agriculture, and Harold F. Gray, consulting civil engineer. The book was published by the Commonwealth Fund of New York.

The scientists point out that the dangers of infecting uninfected areas has been increased with airplanes making extensive trips within a few hours or days. Even in earlier times slow-moving sailing ships, where breeding en route was possible, were known to have introduced mosquitoes into isolated islands such as Hawaii.

An epidemic might be started in one of the southern cities of the United States by transport of a yellow-fever bearing species from a South American airport, Doctor Herms and Gray write.

They added that transport of a malaria-carrying species from California to Hawaii, where the disease was un-

known, by a Pan-American Airways clipper plane, ultimately may become both a public health and an economic disaster to the Islands.

Pointing out that spraying en route with possibly inflammable and toxic sprays is both dangerous and irritating to passengers, the scientists said the following steps should be taken:

Rigid control measures within a half-mile radius of airports should be instituted; special screened double-door embarkation vestibules for passengers should be used; planes should be mospuito-proofed so far as possible; a new spray, highly toxic for mosquitoes but nontoxic for humans, noninflammable, nonexplosive, and free of oily residue should be developed.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Medical Lectures to Open

Opening lectures in a new series of public medical discussions sponsored by the Los Angeles County Medical Association will be held at 8 p. m. today in the El Rodeo School auditorium at Wilshire Boulevard and Whittier Drive, Beverly Hills.

Tonight's program will include a historical review of "Medicine Through the Ages" by Stanley K. Cochems, executive secretary of the Los Angeles County Medical Association. Dr. Lowell S. Goin will speak on cancer, giving a general survey, facts and fallacies of the disease.

Preliminary discussions concerning general medical education in Los Angeles County and the State will be presented by Dr. Harry H. Wilson, president of the California Medical Association, and Dr. Roy E. Thomas, president of the county association.—Los Angeles *Times*, October 15.

* * *

Use of Insurance Company Doctors as Impartial Medical Examiners Scored

San Francisco.—The legal department of the California State Federation of Labor took direct issue last week with the State Industrial Accident Commission over the commission's practice of referring injured workers to insurance company doctors for examination. The federation objected to the use of such doctors as impartial medical examiners.

In a letter to the commission concerning the case of an injured union carpenter from Oakland, named Pallister, the federation legal department informed the State Industrial Accident Commission that it had instructed Pallister to ignore the commission's order for him to report to an insurance company doctor for examination.

"It is a matter of common knowledge," the letter said, "that the doctor in question receives a large part of his income from insurance companies. . . .

"We felt, under the circumstances, that this doctor should not be appointed as an impartial medical examiner in this case or in any other case. We feel that even though he is not consciously prejudiced against an injured worker and in favor of an employer, or insurance carrier, his position would unconsciously prejudice him and affect any opinion he might render as to the right of the injured worker to collect an award of compensation."—*Fresno Labor News*, September 27.

* * *

Medical Care of Workers Scored

American Federation of Labor Asks Correction of "Abuses" Under Compensation Law

By Al T. Baum
Labor Editor, *The Examiner*

Long brewing friction between organized labor, principally building trades unions, and the State Industrial Accident Commission over asserted abuses in connection with medical attention accorded injured workers under provisions of the workmen's compensation act broke into the open yesterday.

Acting in accordance with a number of resolutions adopted by the Santa Monica convention last month, the legal department of the State Federation of Labor announced a list of demands for "correction of abuses" which will be presented to the State Industrial Commission.

Chief Objections

Main points of objection by the federation include:

1. Use of doctors under salary from insurance companies to treat injured workers and advise on the extent of their injuries.

2. Use of doctors under contract with insurance companies to treat injured workers and advise on the extent of their injuries.

3. Favoritism by the State fund in the selection of doctors.

A prepared statement from local federation headquarters declares that "it is obvious" that a physician depending upon an insurance company for a salary is "not a free agent" and that workers treated by such physicians are often denied proper medical attention "because of the cost."

Fee Policy Charged

Contract doctors, the statement continues, usually work for insurance companies under contracts which give them a percentage of the gross insurance written by the companies in their territories. "The less medical service furnished, the more the doctors make," it is charged.

The following suggestion was offered by the State Federation:

"Establishment of panels in every section of competent industrial surgeons to be prepared by a committee composed of representatives from the University of California and Stanford medical schools, various county medical societies, State industrial accident commission and the State Federation of Labor.—San Francisco *Examiner*, October 17.

* * *

Pay Ward Sought at Tulare Hospital

Tulare (Exclusive).—The Tulare County Farm Bureau and Grange today started circulation of petitions asking the county to provide a pay ward at the County Hospital here, to permit treatment of pay patients as well as charity patients.

The petition suggests a ceiling of 5 cents increase in the tax rate for the project. This would raise $40,000 for the pay wing, Chairman Joe Hill of the Farm Bureau Hospitalization Committee said.—Los Angeles *Times*, October 4.

* * *

American Medical Association Library

The library of the American Medical Association, which ordinarily receives 1,400 periodicals, reports that medical literature from Europe is scarce these days.—Hanford *Journal*, September 29.

* * *

High-Lights of High School Happenings

An essay contest, sponsored by the California Medical Association for students in California high schools and junior colleges has been approved by the State Department of Education. "The Rôle of Doctor of Medicine in the Life and Health of the American Citizen," is the contest title.

Prizes will be of $100, first; $50, second; $25, third; and five prizes of $5.00 each, accompanied by an appropriate certificate. The essays are to be original works of 3,000 words.

The contest is scheduled to close November 15 with awards being made about December 15.—Eureka *Standard*, October 4.

* * *

Pay-Hour Law Change

Act Revised to Exempt White Collar Workers Making $200 per Month: Professional Employees

Washington (AP).—The wage-hour administration revised its rules today for the exemption of "white collar" workers from hours restrictions of the labor standards law, established a $200 monthly salary as one yardstick for determining who is an exempt administrative or professional employee.

The new rules go into effect October 24 when forty hours becomes the standard work week for all workers covered by the act. The present maximum work week without overtime pay is forty-two hours.

Altogether, the administration made changes affecting its definitions of executive, administrative and professional employees, retail trade workers and outside salesmen. . . .

An Executive and Administrator Defined

In revising the definitions, the administration at the outset made separate classifications for "executive" and "administrative" which heretofore have been included under one definition.

An executive was defined broadly as an employee who has management duties and power to hire or fire, is paid at least $30 a week, and does no more than 20 per cent of the kind of work performed by nonexempt employees. If he does more than 20 per cent nonexempt work, he would be classified as a working foreman and entitled to overtime pay.

An exempted administrative worker was defined as one who is engaged under only general supervision in nonmanual work related directly to management policies or general business operations which require the exercise of discretion and independent judgment, and who receives $200 a month or more.

Rules Governing the Professional Worker

An exempted professional employee (other than a doctor or lawyer) was defined as one receiving $200 a month or over, whose work is predominantly intellectual and varied in character, whose product cannot be standardized, and which requires "knowledge of an advanced type in a field of science or learning customarily acquired by a prolonged course of specialized intellectual instruction and study, as distinguished from a general academic education" or is "predominantly original and creative in character in a recognized field of artistic endeavor." . . .

Exempted Worker Must Be Originator

In explaining the $200 basis for exemption of administrative and professional employees, Harold Stein, hearing officer whose recommendations formed the basis for the revised rules, said that the payment of a salary commensurate with the duties of an administrative worker appeared to be the most effective check on the validity of a claim for exemption.

He expressed the view that titles alone were cheap, and asserted that a janitor should not be removed from the coverage of the act by merely calling him a "superintendent of maintenance." . . .—San Francisco *Chronicle*, October 14.

* * *

54,984 from Ninth Corps Area Will Be Called in Draft

Washington (AP).—National draft headquarters' lists, announcing the number of men to be drafted for military service from each Army Corps Area during the next year, disclosed today that the Ninth Corps Area, including California, Idaho, Montana, Nevada, Oregon, Utah, Washington and Wyoming, will provide 54,984. . . .—San Francisco *Examiner*, October 19, 1940.

* * *

Doctors Want Essays on Their Merits

Doctors of medicine in California are reversing their usual rôle by seeking advice from their patients.

Through the Committee on Public Health Education of the California Medical Association, the physicians are inviting essays on "The Rôle of the Doctor of Medicine in the Life and Health of the American Citizen," and asking junior college and high school students to give their views by November 15.

All residents of California are being invited to give their views on the progress of scientific medicine through a scenario contest, the winning scenario to be the theme of a motion picture to be produced by the doctors' committee. Both contests carry suitable prizes for winners.

Headquarters of the California Medical Association at 450 Sutter Street, San Francisco, will advise anyone inquiring about these projects and how the doctors hope to use the answers to enable the medical profession to better serve the public.—Woodlake *Echo*, September 27.

* * *

Medical Men Ask Essays and Scenarios from All Students

The California Medical Association is seeking advice from member patients. They are asking junior college and high school students to write an essay on "The Rôle of the Doctor of Medicine in the Life and Health of the American Citizen," by November 15.

They are also inviting a scenario to be written, and the winning one will be the theme of a motion picture.—San Rafael *Journal*, October 3, 1940.

* * *

Contest Sponsored by Medical Group

The State Medical Association is sponsoring an essay contest, open to students of the tenth, eleventh and twelfth grades and junior college, the topic being "The Rôle of the Doctor of Medicine in the Life and Health of the American Citizen." Several local students are planning to enter the competition, according to word from the high school and college.

Although the essays must be original, free use of appropriate references will be allowed in preparing the 3,000 words, it was explained. The contest ends November 15, and the awards will be announced in December.—Santa Maria *Times*, October 3.

* * *

Los Angeles County Fair

Pomona to Welcome First of Expected 750,000 Sightseers

Pomona, Sept. 12 (Exclusive).—Los Angeles County's nineteenth annual fair opens its gates tomorrow on its 1940 "American Pattern for Peace" in a seventeen-day exposition which Secretary-Manager C. B. Afflerbaugh predicts will be a most successful reflection of the Southland's vast assets.

Three hundred landscaped acres have been made ready for the expected 750,000 persons who will view some 15,000 individual exhibits. . . .—Los Angeles *Times*, September 13.

Doctors to Greet Three State Officers at Dinner

Members of the Riverside County Medical Society and their wives will join those of the San Bernardino County group at a dinner honoring three officers of the California Medical Association Tuesday at Mapes Cafeteria in San Bernardino at 7 p. m.

Brief addresses will be made by Dr. Henry S. Rogers of Petaluma, President-elect of the California Medical Association; Dr. George H. Kress of San Francisco, Secretary, and Dr. S. J. McClendon of San Diego, delegate at large, and Dr. C. L. Emmons, Ontario.

Dr. T. A. Card, President, will lead the Riverside County group, which will include Dr. W. W. Roblee, past State President. This event will replace the October meeting of the local doctors' organization.—Riverside *Enterprise*, October 4.

* * *

Health Administration Change Opposed by County Officer

Pomeroy Declares Recommendation of United States Survey to Invoke Old State Law Impractical

A recommendation made in the United States public health survey of the Los Angeles City Health Department that use be made in this area of the California local health district law is censured in the annual report of County Health Officer J. L. Pomeroy, filed yesterday with the Board of Supervisors.

Doctor Pomeroy calls attention to the fact that the County Health Department studied and considered the use of the California act twenty years ago and that it was rejected because of serious defects which rendered it inapplicable to a metropolitan district. Among these he cited:

1. The law provides for the creation of an independent governing body with power to levy additional taxes up to 15 cents on each $100 of assessed valuation, over and above all other taxes.
2. That public health would be thrust directly into politics, because there is no provision made for the adoption of civil service.
3. That there is no provision for social security such as retirement, disability, etc.
4. That the governing body would be independent of the Board of Supervisors and would consist of one representative of each of the incorporated cities and rural districts, thus providing the possibility of the governing body having a huge membership, approximately forty-seven persons.

Doctor Pomeroy points out in his report that the public health affairs of thirty-nine cities in the county are efficiently taken care of under the present plan, which is applicable to any city within the county boundaries.—Los Angeles *Times*, October 16.

* * *

Cut Number of Less Fit

Editor of *The Bee*—Sir: During the peak of the depression it was found that among those families of low social status, low income and unemployment, there was more sickness and malnutrition among the children and a higher birth rate among the parents than in other families. A report of the National Resources Committee (May 14, 1938) states that where living standards were the lowest the birth rate was 70 per cent more than enough to replace the parents; where living conditions were the highest there was a deficit of 17 per cent in the reproduction rate.

An analysis of the above shows that if one hundred parents of the lowest standard group were given sufficient humanitarian aid to avoid disease and other misfortunes, and if their descendants were to propagate at the same rate, thirteen generations would produce 167,000 descendants; while if one hundred parents of the highest standard group contined their reproductive rate for the same period, there would be living but nine descendants. Long before that time we would be overwhelmed by degeneracy and chaos.

History teaches that the great nations of the past began to decline in their greatness when they reached that period of economic sufficiency that work was not an essential for many, and the least fit were placed on a dole and allowed to produce an unlimited number of offspring who became consumers and not producers.

Our nation is drifting close to the breakers. An eugenics program to reduce the number of the less fit and increase the number of the most fit is the solution to the problem.—Eugene H. Pitts, M. D., Sacramento, October 5, 1940.—Sacramento *Bee*, October 7.

* * *

San Francisco Poll Approves Medical Examination Before Marriage

By DAN E. CLARK II
Director, Front Door Ballot Box

California's required medical examination before marriage rated almost unanimous approval among San Fran-

ciscans when their sentiment on this subject was checked by the latest Front Door Ballot Box survey.

At the same time, the survey indicates, approximately two-thirds of all San Franciscans believe this requirement causes many couples to go outside the State for their marriage licenses.

Cross Section

In the course of this survey, conducted expressly for *The Examiner*, trained interviewers were sent to persons in a scientifically calculated cross section of the city's total adult population. The following question was asked:

"Do you approve or disapprove of the present required medical examination for a marriage license–"

Here is the way those having opinions answered:

Approve 94%
Disapprove 6%

(Only one person in thirty-three had no definite opinion when asked this question.)

The general point of view was that a restriction of this sort is effective in promoting social welfare and more generally satisfactory marriages.

Healthier People

"It makes for a healthier race," said a drug store clerk.

Objections to the medical examination law appeared to be mainly on grounds it is a restriction of freedom. The wife of a city employee contended it *"wasn't needed for the last hundred years; why should we have it now?"*

The proprietor of a magazine shop declared, *"You can't legislate people into being moral."*

It is interesting to note that, although nearly every one favored the law, a significant majority readily agreed many couples avoided it by being married outside California. The question on that point was answered:

Yes 66%
No 34%

(Approximately one person in six had no opinion in the matter. These are not included in the above tabulation.)—San Francisco *Examiner*, October 17.

* * *

British Doctors Urge Armor to Prevent Shrapnel Wounds

Germans Reported Using It as Protection for Their Soldiers in Modern Warfare

Chicago, Sept. 5 (AP).—The well-dressed British soldier will wear streamlined armor if England's doctors have their way.

The belief that a modification of medieval armor has a place in modern warfare was expressed at a recent meeting of the Royal Academy of Medicine Surgeons reported in the *Journal* of the American Medical Association.

They noted that the Germans were reported to be using body armor.

Suggestions included larger helmets, visors, gantlets, curtains of chain mail attached to the back of helmets and steel or compressed fiber plates for chest protectors.

The old objection to armor—that it would overload the soldier—was regarded as no longer applying, because of the extensive mechanization of army movements and the development of lighter protective materials.

Specimens of compressed fiber, including bakelite, were said to have "the same tensile power as aluminum but half its weight" and to be adequate protection against shrapnel.

Doctors noted that in the last war many soldiers were killed by small missiles entering the chest and ripping up one of the great vessels or the heart.—Los Angeles *Times*, September 6, 1940.

* * *

Health Department Made Federal

Urged to Put Secretary of Health in Cabinet

Chautauqua, N. Y., Sept. 5 (UP).—Inclusion of a secretary of health in the Cabinet is urged by Dr. Nathan Van Etten of New York, President of the American Medical Association.

Addressing a group of physicians at Chautauqua Institute, Doctor Van Etten slashed at what he called "amateur philosophers and log-rolling politicians whose superficial humanitarianism has been stimulated by job-seeking welfare agencies."

Reviewing advances in American medical technique during the past century, Doctor Van Etten recalled that Bismarck and Lloyd George both had set up compulsory health insurance as a means of gaining the support of their peoples. He admitted that the time was "more than ripe" for a national health program, but urged that it be established with the utmost care by skilled professional men.

"I would like to see a new national department to be known as the Department of Health headed by a secretary who must have had a medical education and be licensed to practice medicine," he declared.

Referring to national budgeting for health, Doctor Van Etten attacked the "stratosphere extravagances" of the Wagner Health Act and similar "excursions into Utopia."

"I believe that needs for health should be discovered in the smallest political subdivision such as the school district, then referred to the township, to the county, to the state, to the Federal authority in that order and that the Federal authority should be called upon as infrequently as possible," he said.

The medical leader also urged local physicians to realize their responsibilities in seeing to it that an eventual health program be professionally-sound rather than merely politically-expedient.—San Francisco *News*, September 5, 1940.

LETTERS

Concerning Reprint of Articles on Socialized Medicine Reprinted from "Rocky Mountain Medical Journal" in October Issue of "California and Western Medicine."

EDITOR'S NOTE: In the September issue of CALIFORNIA AND WESTERN MEDICINE, on page 133, appeared a page reprint of an article taken from the *Rocky Mountain Medical Journal*, giving the views of the Republican Presidential nominee, Wendell Willkie, Esq., on the subject of "Socialized Medicine."

In the October issue, on page 181, a similar page was reproduced from the *Rocky Mountain Medical Journal*, in which Mr. Stephen Early, secretary to the President, presented a statement of President Franklin D. Roosevelt's views on the subject. On page 182 was given an additional letter sent to the OFFICIAL JOURNAL by Elmer Belt, M. D. Below appears a letter dated October 14, subsequently received from Secretary Stephen Early. President Roosevelt's address referred to, in substance, was as printed on page 182 of CALIFORNIA AND WESTERN MEDICINE. Secretary Early's later letter of October 14, follows:

(COPY)

THE WHITE HOUSE
WASHINGTON

October 14, 1940.

George H. Kress, M. D.
Editor, California and Western Medicine
2004 Four Fifty Sutter
San Francisco, California

Dear Doctor Kress:

Please accept the President's thanks for your letter of September 2, forwarding a tear sheet of page 133 from the September issue of CALIFORNIA AND WESTERN MEDICINE.

The President's views on the subject therein dealt with were expressed in a speech delivered at the Jersey City Medical Center, Jersey City, New Jersey, on October 2, 1936, and for your information I have much pleasure in enclosing a copy of that speech.

The views expressed by the President on that occasion have in no wise been changed or modified since the delivery of the speech in question and still constitute a complete statement of his principles.

Very sincerely yours,

(Signed) STEPHEN EARLY,
Secretary to the President.

Concerning Report of a Committee of the San Francisco County Medical Society: Re "Drivers' Qualifications."

(COPY)

CHARLES A. NOBLE, JR., M. D.
SAN FRANCISCO

October 7, 1940.

Dear Doctor Kress:

I enclose the report of a Committee of the San Francisco County Medical Society, appointed last January to make a

report on "Drivers' Qualifications." It is the feeling of our committee that some of the facts here outlined should be brought to the attention of as wide a group of physicians as possible.

If this report were published, I am sure no one would read it because of its length. Would it be possible to have an abstract—I suggest the one I am enclosing—published in the JOURNAL so that its contents might be called to the attention of more of your readers?

Very truly yours,
CHARLES A. NOBLE, JR., M. D.

* * *

Abstract of Report of San Francisco County Medical Committee Appointed to Aid California Safety Council Committee on Drivers' Licenses

1. Increased motor transportation brings increased hazards.
2. Number of accidents attributable to illness not known at present.
3. Even if most accidents attributable to other factors, medical profession has responsibility to attempt reduce that proportion of accidents due to illness.
4. State Motor Vehicle Code now has wide powers to refuse licenses.
5. Powers ineffective unless illness reported by physicians.
6. New State law adds epilepsy to list of reportable diseases.
7. By interpretation physician *must* report to local health office any patient subject to recurrent spells of unconsciousness whether spells witnessed or not.
8. State Board of Health notifies Department of Motor Vehicles which then has power to refuse or cancel driver's license.
9. In practice Motor Vehicle Department makes independent investigation with patient's family and if no confirmation, calls on attending physician for details.
10. Undoubtedly other diseases exist which make drivers a menace—especially chronic vertigo, circulatory disturbance, mental deficiency, alcoholism, drug addiction, insanity.

Committee at present recommends:

(*a*) Education of physicians to realize that certain patients are a menace while driving automobiles.

(*b*) Urging of physicians to discuss problem with patients concerned.

(*c*) Encouragement of physicians to report not as "epilepsy" but as "recurrent unconsciousness" all patients so affected, irrespective of cause.

(*d*) Encouragement of all possible coöperation by physicians with Board of Health and with Motor Vehicle Department in educational program and in gathering statistics which will help in future evaluation of magnitude and importance of problem.

Concerning National Institute of Health: Research in Problems of Aging.

(COPY)
FEDERAL SECURITY AGENCY
UNITED STATES PUBLIC HEALTH SERVICE
NATIONAL INSTITUTE OF HEALTH
WASHINGTON, D. C.

October 17, 1940.

Dear Doctor Kress:

The National Institute of Health is beginning the development and organization of a research unit to be concerned entirely with the problems of aging. The importance and future significance of this field of research are obvious when one considers the rapid shift in the average age of the population of the country. The problems concerned with the aging process have ceased to be of mere academic interest and have become urgently imperative.

Prior to the actual inauguration of a clinical and research program, we are attempting to survey what work is being done along these lines by American scientists. Personal letters of inquiry are going out to as many of these investigators as we have reason to believe have a special interest in this field, but we are anxious to reach everyone even potentially interested. Because publication in scientific journals may reach many who would otherwise be omitted, I am herewith submitting the enclosed informational résumé in the hope that you may give the matter brief editorial notice or incorporate the statement in the section devoted to news and comment in CALIFORNIA AND WESTERN MEDICINE.

Your coöperation in facilitating the search for information will be greatly appreciated. For your personal information may I say that thus far the replies received from many scattered investigators have indicated an extraordinary interest, enthusiasm, and whole-hearted desire to coöperate.

Sincerely yours,
EDWARD J. STIEGLITZ, M. D.,
In Charge, Investigations in Gerontology.

Concerning an Applicant for Narcotic Medication.

(COPY)
EDWARD BLAIR, M. D.
HEALDSBURG, CALIFORNIA

October 9, 1940.

To the Editor:—I enclose copy of letter I have just sent to Narcotic Enforcement Division. To make it intelligent I must add that this Arthur G. Kuhn was referred to me Sunday evening, September 29, by one of the local pharmacies; and he succeeded in getting some morphin and atropin from me, and in passing a worthless check. Thursday, October 3, I learned, on conversation with Dr. T. E. Albers, Secretary of Sonoma County Medical Society, and other Santa Rosa doctors that he had attempted to work the same game on them early on Sunday and practically all day Monday, September 30.

That convinced me that he is an addict rather than a bona fide sufferer of asthma, and I reported promptly to the Division of Narcotic Enforcement on their regular report cards and in a covering letter.

I think it would be appropriate for you to broadcast a warning in CALIFORNIA AND WESTERN MEDICINE so that other doctors in the state may be on the lookout for him, and not only save themselves inconvenience and embarrassment, but aid in his arrest by reporting to their local peace or police officers that there is a warrant out for this man's arrest in Sonoma County on a bad check charge. . . .

Thanking you, I remain

Yours truly,
EDWARD BLAIR, M. D.

* * *

(COPY)
EDWARD BLAIR, M. D.
HEALDSBURG, CALIFORNIA

October 9, 1940.

Division of Narcotic Enforcement
156 State Building
San Francisco, California

Gentlemen:

I refer to my letter of October 3, 1940, re Arthur Kuhn. As stated in that letter, I accepted a check on the Seattle First National Bank for $2.50. This check was returned marked "Cannot locate account," and I have turned it over to the Justice of the Peace, Healdsburg Township, to support a warrant for Mr. Kuhn's arrest.

He should be easy to pick up due to his habit of attempting to work the asthma story on physicians. I am reporting the case to CALIFORNIA STATE MEDICAL JOURNAL in the hopes that they will warn other doctors in the state.

To make my description a bit more detailed, Mr. Kuhn, who apparently has several aliases, is about 45 years old, 5 feet 7 inches tall, slight build, narrow face, dark, as if from sun rather than racial pigmentation, blue or gray eyes; wore rather dark nondescript clothing, claimed to be a World War Veteran, and gives a story of suffering

from asthma, which is unrelieved by epinephrin and the other sympathicomimetic drugs. He says that he has been relieved by morphine and atropine, and states that addicts never want it with atropine.

Having been taken in by this party's story, I have been hit in my professional pride as well as my purse, and will do all I can to coöperate with the authorities on his apprehension.

Yours truly,

EDWARD BLAIR, M. D.

* * *

(COPY)

EDWARD BLAIR, M. D.
110 MATHESON STREET
HEALDSBURG, CALIFORNIA

October 23, 1940.

Editor, California and Western Medicine,
450 Sutter Street
San Francisco, California

Dear Sir:

I refer to my letter of October 9 re Arthur G. Kuhn.

I was informed yesterday by Mr. F. Leslie Manker, Assistant District Attorney of Sonoma County, that Mr. Kuhn was recently arrested in Contra Costa County for passing bad checks; and that he was sentenced about a week ago to six months in the county jail at Martinez.

I think it will be well to give this additional fact publicity so that the doctors in the State can be on the lookout for Mr. Kuhn in case he attempts to exercise his habits after completing his sentence.

Yours truly,

EDWARD BLAIR, M. D.

Concerning Articles in "California and Western Medicine," reprinted from "Rocky Mountain Medical Journal."

(COPY)

DRS. AYRES AND ANDERSON
LOS ANGELES

October 3, 1940.

To the Editor:—I want to thank you for your letter containing proof sheet of the advanced proof of reprint of an article from the *Rocky Mountain Medical Jaurnal.* The spirit of fair play which has been exemplified in this matter should be deeply appreciated by all the members of the Association.

Very sincerely,

DRS. AYRES AND ANDERSON.
By Samuel Ayres, Jr., M. D.

Concerning Donation by California Medical Association to Lane Medical Library.

(COPY)

THE BOARD OF TRUSTEES
OF THE
LELAND STANFORD JUNIOR UNIVERSITY

San Francisco, California,
September 27, 1940.

Dr. George H. Kress, Secretary-Treasurer
California Medical Association
450 Sutter Street
San Francisco, California

Dear Doctor Kress:

At a recent meeting of the Board of Trustees the President of the University reported receipt of your Association's check for $1,595, as an annual contribution to the Lane Medical Library.

This continued support is very gratifying. The individual members of the Board have asked me to express their warm appreciation of your interest and liberality.

Very truly yours,

IRA S. ILLICK, *Secretary.*

Concerning Medical Journals: Years Ago and at Present.

Monrovia, September 17, 1940.

To the Editor:—Thanks for your letter of September 13, containing the excerpt from the "Twenty-Five Years Ago" column of CALIFORNIA AND WESTERN MEDICINE.

It is interesting to note the change that has taken place in journalism since that address was given. Today *The Journal of the American Medical Association* and the state journals have taken on a much more scientific aspect, and we now have numerous journals to supply the deficiency that I mentioned. I had been a subscriber for numerous European journals and could not help but note the difference in their attitude toward scientific medicine and ours. This was in the period when we had a dearth of journals for the good articles, and I might also say that we had a dearth of good articles for the journals that existed. It was difficult for a student to get what he wanted out of the two or three journals for which the average man subscribed. . . .

Sincerely yours,

FRANK M. POTTENGER.

Concerning Legal Requirement for Presence of an Assistant During Operations.

(COPY)

San Francisco, October 14, 1940.

Pat Malloy, Jr., Esq.
Attorney at Law
704 World Building
Tulsa, Oklahoma

Dear Sir:

Your letter of October 7, 1940, addressed to Doctor Dukes, has been forwarded to me as General Counsel of the California Medical Association.

In your letter, I note that you inquire as to whether or not a surgeon is required by law in California to have an assistant during the performance of an appendectomy. So far as I know, there is no statute or decision in California directly or indirectly requiring the presence of an assistant during the performance of a surgical operation of any kind. Of course, under a number of California cases the operating surgeon is responsible for any negligence occurring during the course of the operation, whether such negligence be on his part or on the part of assistants, nurses or anesthetists, and, under these decisions, it might be argued that failure to have an assistant is in and of itself negligence in the event that any injury occurs which might have been avoided if there had been an assistant. This, however, is merely an argument that could be made.

I know of no statutory decision which requires the presence of an assistant.

Very truly yours,

HARTLEY F. PEART.

Concerning Possible Violation of California Medical Practice Act, by Nurse-Dietitian.

San Francisco, October 4, 1940.

State Board of Medical Examiners
C. B. Pinkham, M. D., Secretary
515 Van Ness Avenue
San Francisco, California

Dear Doctor Pinkham:

Enclosed herewith find copy of a letter dated September 30, sent to me by a physician friend.

I have underlined the query that has been put up to me.

I am passing this case on to you for consideration, with request that you give me your opinion.

Cordially yours,

GEORGE H. KRESS, M. D.,
Secretary.

(COPY)

September 30, 1940.

To the Editor:—I am writing concerning the problem of a dietitian who has become interested in food allergy. She, herself, had a chronic symptomatology which was cleared by the elimination of a number of foods to which marked allergy occurred. She then began to work on some of her own family and gradually on friends, and during the last year or so, various other people in her community have been coming to her through her solicitations. Some of these patients have been sent by her to their physicians, but many of the patients have come to her independently and, as I understand it, have presented their problems to her for therapeutic advice. She has decided on her own part, without medical confirmation, that many of these individuals are suffering from food sensitization, and she has manipulated their diets, oftentimes with very definite benefit to the patients.

I have told her that I feel that she is practicing medicine and taking unwarranted responsibility in the diagnosis and advice which she has been giving these individuals. *I want to know if she is justified by law in doing this type of work which I have described, and whether she would be liable to prosecution or fine.*

On her part she feels that she has had considerable training in dietetic work, having specialized in this field when she was in the University, and she feels it is justifiable for her to give patients counsel in regard to the diets which are indicated. This is done, however, as I have already stated, without any medical supervision. Your opinion concerning this dietitian's activities would be greatly appreciated.

With kindest regards, I am

Most sincerely yours,

(COPY)

STATE OF CALIFORNIA
DEPARTMENT OF
PROFESSIONAL AND VOCATIONAL STANDARDS
BOARD OF MEDICAL EXAMINERS

San Francisco, Calif.
October 8, 1940
Yours of October 4
Re: Dietetics.

California Medical Association
George H. Kress, M. D., Secretary
450 Sutter Street
San Francisco, California

Dear Doctor Kress:

From the facts set forth in the unsigned copy of the letter which accompanied yours of October 4, we judge that the individual is violating the Business and Professions Code, relating to the practice of medicine, in that she is prescribing for ailments of the human system, regardless of whether it is a diet or a medicinal preparation.

We would appreciate your sending us the name of the individual referred to.

Very truly yours,

C. B. PINKHAM, M. D.,
Secretary-Treasurer.

Concerning Five-Year Cures of Cancer.

(COPY)

AMERICAN COLLEGE OF SURGEONS

To the Editor:—In 1922 the American College of Surgeons appointed a Committee on the Treatment of Malignant Diseases by Surgery, Radium, and X-Rays (now known as the Cancer Committee). This committee collected and analyzed records of cases of cancer of the cervix and breast, and published the results. In 1932 the College extended this phase of the work and since then has accumulated records of thirty thousand five-year cures of cancer of various organs. In the meantime the importance of accurate and complete records has been impressed upon the cancer clinics which have been established and upon the medical profession generally. . . .

It is now desired to add to the College cancer archives records of as many as possible five-year cures of cancer, and contributions to its cancer archives are again being solicited from surgeons and radiologists who treat cancer cases, whether in cancer clinics or not. Abstract cancer record forms have been evolved by the College and their use is widespread. The use of these forms ensures the recording of information that is essential for the purposes of clinical research, including an appraisal of methods of treatment. To be of sufficient value for clinical research the records should be furnished on the forms recommended by the College, or their equivalent, and the College will provide such forms on request. The results of such analyses and studies of their cases as have been made by individuals, hospitals, and clinics will be a particularly valuable and welcome addition to the College archives. . . .

Large hospitals and clinics which treat many cases of cancer are requested to designate the appropriate individuals on their staffs who are especially qualified to present records of cancer of different organs, as in such institutions the work may be exclusively departmentalized. In order that an analysis of the records may be made and an announcement of an impressive addition to our thirty thousand cures may be presented at the Clinical Congress of the College to be held in Chicago, October 21 to 25, 1940, it is requested that the records be submitted for this year not later than September 15, 1940. From year to year this activity will be continued and annual contributions will be solicited.

40 East Erie Street, Chicago.

Very truly yours,

(Signed): BOWMAN C. CROWELL,
Associate Director.

Concerning Acquisitions in Lane Medical Library.

(COPY)

THE STANFORD UNIVERSITY LIBRARIES
STANFORD UNIVERSITY
CALIFORNIA

October 19, 1940.

Dr. George H. Kress
Secretary, California Medical Association
Four Fifty Sutter
San Francisco, California

Dear Doctor Kress:

Thank you for your good letter of October 15.

In accordance with your suggestion, future issues of our list of selected acquisitions at the Lane Medical Library will be sent to the various county medical societies and to the larger hospitals.

We plan to print four hundred copies of the next issue. This list seems to be meeting a real need.

Cordially yours,

NATHAN VAN PATTEN,
Director.

Concerning Request for Reprints for Army Medical Library.

(COPY)

WAR DEPARTMENT
ARMY MEDICAL LIBRARY
WASHINGTON, D. C.

October 22, 1940.

Sir:—I am directed by the Surgeon-General to inform you that authors' reprints are gratefully received at the Army Medical Library. They are placed in a special collection catalogued by author and thus form a ready bibliography of the work of any given writer and a valuable supplementary source of material when the volume of original publication is temporarily unavailable at the bindery or on loan.

Editorial notice of this collection would be much appreciated.

Very respectfully,

HAROLD W. JONES,
Colonel, Medical Corps, United States Army, Librarian

Concerning Vacancies in Governmental Medical Agencies.

(COPY)

UNITED STATES CIVIL SERVICE COMMISSION
WASHINGTON, D. C.

Applications Closed for Temporary and Part-Time Civilian Medical Officers for Army—Doctors Needed for Other Medical Positions

The Civil Service Commission announces that enough applications have been received to meet the prospective need for temporary and part-time civilian medical officers in connection with the Army expansion.

The Commission calls attention to the fact, however, that there is an urgent need for medical officers and senior and associate medical officers to fill permanent positions in other agencies. Applications will be received until further notice. The positions pay from $3,200 to $4,600 a year. Fourteen specialized branches of medicine are included.

There is also an urgent need to fill junior medical officer positions at $2,000 a year at St. Elizabeth's Hospital, Washington, D. C.

Full information and application forms for these examinations may be obtained at the office of the Secretary, Board of United States Civil Service Examiners at any first- or second-class post office, or from the United States Civil Service Commission, Washington, D. C., or from any of the Commission's district offices.

October 8, 1940.

MEDICAL JURISPRUDENCE†

By HARTLEY F. PEART, ESQ.
San Francisco

To What Extent May a Physician or Surgeon Make Assurances to His Patient?

The fact that good psychology often encourages and may necessitate statements by the physician that "everything will be all right," "no harm will result from this," etc., often places the physician in an embarrassing position in reference to legal liability should the treatment not turn out successfully.

Although it seems unfair and unwise for the law to interfere with the physician's judgment in making such assurances, there is a California case which holds that a physician may be held liable for breach of warranty where such assurances have been made to the patient. Under the theory of the case, if assurances are unfulfilled, liability exists even though due care and reasonable skill was used. The case under discussion is *Crawford* vs. *Duncan*, 61 Cal. App. 647. There a woman, fond of social contacts, consulted a physician with reference to swollen glands on the right side of her neck. The physician stated that surgery could relieve the condition, but that a scar would result. The physician, in view of the patient's desire to keep her neck free from disfigurement, suggested that she have the glands treated by radium and sent her to the defendant, a radiologist.

The defendant, according to the evidence, told plaintiff that radium treatments had been very successful in treating small swellings in glands of that description without leaving a scar of any kind and assured plaintiff that there would be no permanent scar in her case. The defendant explained that radium was generally used so that there would be no scars and, in fact, was used to eliminate scars, birthmarks, etc.

Throughout the treatment defendant frequently assured the plaintiff that any disfigurement which might result from his use of the radium would disappear with the lapse of time. At the end of the treatment there was a running sore on plaintiff's neck, but defendant told her that if she would give it time the neck would become normal.

Approximately three years after the treatment, plaintiff brought suit for breach of warranty, stating that where the running sore had healed a permanent scar remained, contrary to the defendant's assurances. It was held that the plaintiff had a right to proceed to trial on the breach of warranty theory without regard to the presence or lack of negligence, and that the Statute of Limitation would run against the plaintiff only from that time when a reasonable person could know with a reasonable degree of certainty that a permanent scar had developed as a result of the treatments.

The possible extensions of the rule of this case are alarming. May a physician whose patient has a nervous temperament resort to assurances of no harm and successful result, in order to convince the patient that he should permit performance of an act necessary from the standpoint of good medical practice? If he does, the patient might bring suit years afterward if a condition later arises which could be attributed to the treatment. In such a situation, recovery could be had for the breach of warranty, even though the treatment was in conformity with the rules of good medical practice, was carefully and skillfully done, and was for the patient's best interests.

It is the opinion of the author that the rule of the Crawford case is not only harsh and inconsistent with the general principles which render a physician vulnerable only in case he is guilty of malpractice, but also very detrimental to the policy of allowing a physician to use some discretion as to how to accomplish an act which is clearly for the patient's benefit. However, until some statute is enacted requiring all suits against physicians or surgeons resulting from injuries from treatment to be based on malpractice or requiring warranties by a physician to be in writing, there is danger that the Crawford decision may, on the basis of *stare decisis* (established precedent), stand as the law of California.

Until the law of California is changed either by statute or by a decision overruling the Crawford case, physicians should be exceedingly careful of the assurances which they make to patients.

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from and syllabi of recent decisions and analyses of legal points and procedures of interest to the profession.

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XIII, No. 11, November, 1915

From Some Editorial Notes:

On Criticism.—Some thoughts on criticism in general have been suggested by the fact that a number of people in Sacramento have more or less heatedly taken the editor to task for an editorial note which appeared in the JOURNAL, criticizing the policy of a city in turning out a full-time health officer, and presumably a well-trained one, as he was, we understand, picked in competitive examination. The point is that the editor was attacked for publishing certain criticism; there was no discussion of the thing criticized! If one is to be personally attacked for uttering words of criticism, it would seem logical to show first that the thing criticized is essentially right and that hence the critical words were improperly used. If a criticism is just, it is no argument against it to berate the critic. If it can be shown that it is not just, then the critic should most certainly be taken to task for his improper and unwarranted use of critical words. It may be conceded that no one likes to be criticized and that when anything is criticized, someone is sure to be offended thereby, either rightly or wrongly. If no one and nothing were ever criticized; if errors and mistakes and misdemeanors were never pointed out, what a chaotic world we would live in, and how impossible life would become! . . . Time alone will show the right or the wrong of this particular thing. To attack the editor does not alter the right or the wrong of the thing mentioned. It is often discouraging to have personalities injected into a discussion of things or conditions as such. And it certainly is much easier to go through life openly admitting that all things are possible and that everybody is right!

* * *

Rockefeller Foundation and Hookworm.—The Rockefeller Foundation has recently issued an annual report, largely dealing with its International Health Commission, and purposes hereafter to issue such reports each year. The work of this one branch of the Foundation is stupendous. . . .

* * *

Test Your Wassermann!—There is a story about a man, upon whom a certain rude community had imposed the duty of dispensing justice; he declared his intention of hearing only one side of the case; "for," said he, "to hear two sides would have a tendency to confuse the court."

Such an evasion of the problem resulting from a conflict of testimony is not always feasible in the practice of medicine; and we can not help wondering how widespread is the trouble of mind which the practitioner suffers from the contradictory reports issued by workers who make the Wassermann tests. To stick to a single serologist would secure the mental repose which the backwoods justice was so anxious to preserve; but we fear that a regular assumption of one's Wassermann worker's infallibility would not be compatible with one's duty. . . .

One lesson to be learned from this, if the lesson needed learning, is that the physician must not abdicate too readily in favor of the laboratory worker, but must keep his clinical head. Furthermore, a laboratory method convenient for the use of the practitioner himself, to serve as a check upon the serologist, is very much desiderated. . . .

(Continued in Front Advertising Section, Page 22)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By CHARLES B. PINKHAM, M. D.
Secretary-Treasurer

News

Report by Special Agent Hunter relates that an individual using the name Reverend George Baker was arrested by him at Livermore after he had prescribed a dilute solution of listerine for Hunter, who posed as a patient; that Baker has been identified as an individual named Cohn, who, according to the Federal Bureau of Investigation, has quite a criminal record and has operated all over the western part of the country, being active in California for only three months. A clipping from the Sacramento *Bee* of October 1, 1940, related in part as follows:

"Harry Cohn, 59, who, the investigators said, went by the name of Rev. George Baker when conducting his business of fortune telling and spiritualism, was in the Butte County jail on a charge of petit theft, filed by his former partner, Ange From, 50, the miner, who declared Cohn defrauded him of $76. Constable Tom Reeves returned Cohn from Watsonville, where he had been arrested by the local police. Reeves said his investigation disclosed that Cohn had an electrical device which is supposed to reveal the presence of gold. He said From told him he paid $76 for a reading and Cohn went into a trance and on coming out promised to find treasure buried in the Santa Cruz mountains. From declared: 'All I got was exercise.' A second charge of petit theft was filed against Cohn yesterday by John A. Taylor of Willows. Taylor said he put up $132 to finance a treasure hunt."

"St. Louis Estes, raw food advocate, today was sentenced to 150 days in the county jail and fined $2,500 by Municipal Judge White. Estes, convicted last week of ten counts of practicing medicine without a license, was denied a new trial. Through his attorney, J. A. Brown, he filed notice of appeal. Judge White fixed bail at $500 pending outcome of the appeal. It was the second trial for Estes. His first conviction was set aside because of a jury mixup. Estes, formerly a Southern Californian, brought his theories of food and health here about two years ago. With him came his large family—all adepts at practicing his theories. Dr. Estes is 75. Estes was accused by Arthur A. Derrickson, 55, of 955 Ellis Street, who contended he had paid Estes $1,130 for treatment of impaired sight." (San Francisco *News*, September 27, 1940.) (Prior entries, May, 1930; November, 1935; March, 1936; December, 1938; February and November, 1939; May, 1940.)

"Dr. Hermann Frederick Erben, naturalized Austrian-born physician, was denied passage as an ordinary seaman on the American President liner *President Garfield* which sailed for the Orient yesterday. Erben, who has been under surveillance of the FBI for alleged 'fifth column' activities, was removed from the ship's rolls by company officials shortly before sailing time at noon. The widely traveled medical specialist had previously signed on and had worked two days as an ordinary seaman while the transpacific liner was in port. In accordance with U. S. regulations governing the employment of seamen, Erben is entitled to one month's pay in addition to wages for the time. Captain L. H. Westdahl, marine superintendent here for the American President Lines, confirmed the incident, saying Erben

(Continued in Front Advertising Section, Page 30)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6.